

2000

# Rhode Island Health Plans' Performance Report



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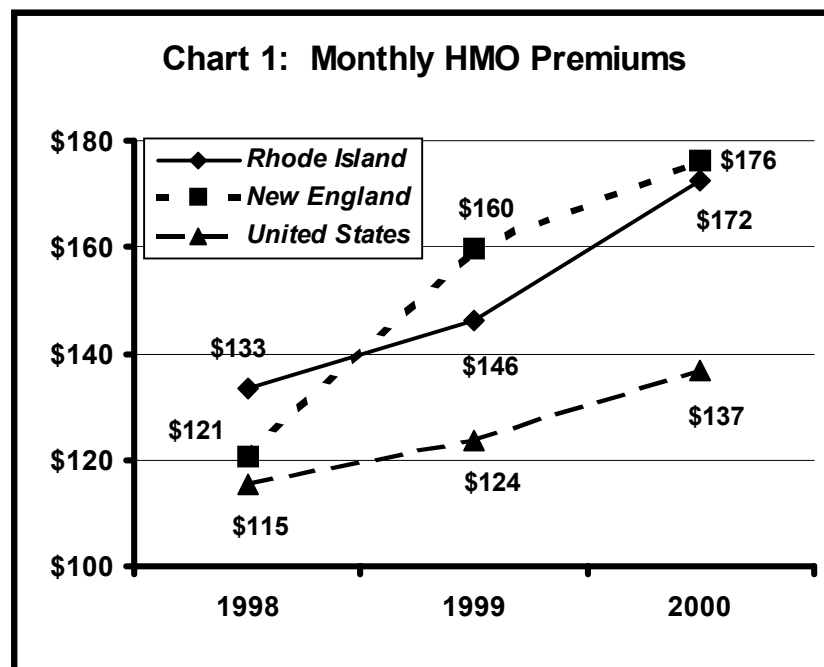
## I: Executive Summary

2000 was the third year for which data were collected from the Health Plans in Rhode Island pursuant to the Health Care Accessibility and Quality Assurance Act of 1996. This Report details those findings and presents comparative performance information for the public and policy-makers alike. Publishing this information fosters accountability of the industry and may also aid their internal quality improvement efforts.

The majority (78 percent) of Rhode Islanders covered by the Health Plans in this Report are commercially insured<sup>1</sup> (8 percent are in Medicare Plans and 14 percent are in Medicaid Plans). Accordingly, the major findings are specific to this commercial group which consists of 4 Health Plans<sup>2</sup> with 10,000 or more RI members.

***RI premium costs rose 18 percent in 2000, versus 10 percent in New England and 11 percent in the US, however, RI Plans remained competitively priced to their New England peers.***

Average monthly premiums for HMO<sup>3</sup> products in 2000 increased faster in RI than elsewhere, but the average cost of this insurance locally (\$172 per month) was comparable to that paid throughout New England (\$176 per month). Regional HMO premiums continued to be more expensive than those across the country (\$137 per month – Chart 1).



***From 1998-2000, RI Plans spent less of each premium dollar on healthcare services for their members.***

RI Plans spent 92 cents of each dollar in premiums on healthcare services in 1998 compared with 84 cents in 2000.

***In addition, RI Plans reduced their administrative expense burdens.***

<sup>1</sup> RI's 1997-1999 uninsured population was 9 percent of the total

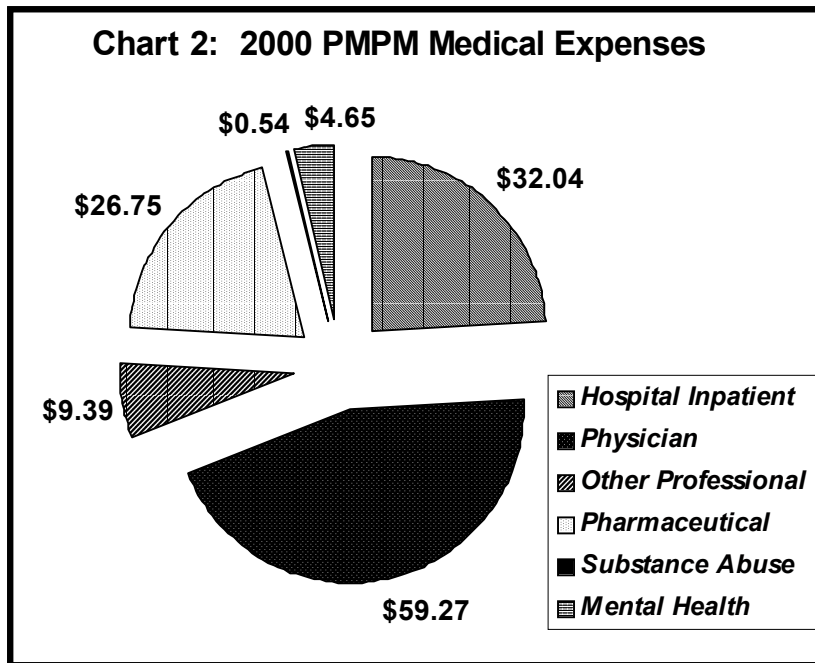
<sup>2</sup> Blue Cross –RI, Coordinated Health Partners (Blue Cross –RI's wholly owned subsidiary), UnitedHealthcare –NE, and Blue Cross –MA

<sup>3</sup> Comparison is for HMO plans only because of available comparative national and regional data.

In 1998, the statewide administrative expenses were \$22.04 (per member per month), compared to \$20.88 in 2000.

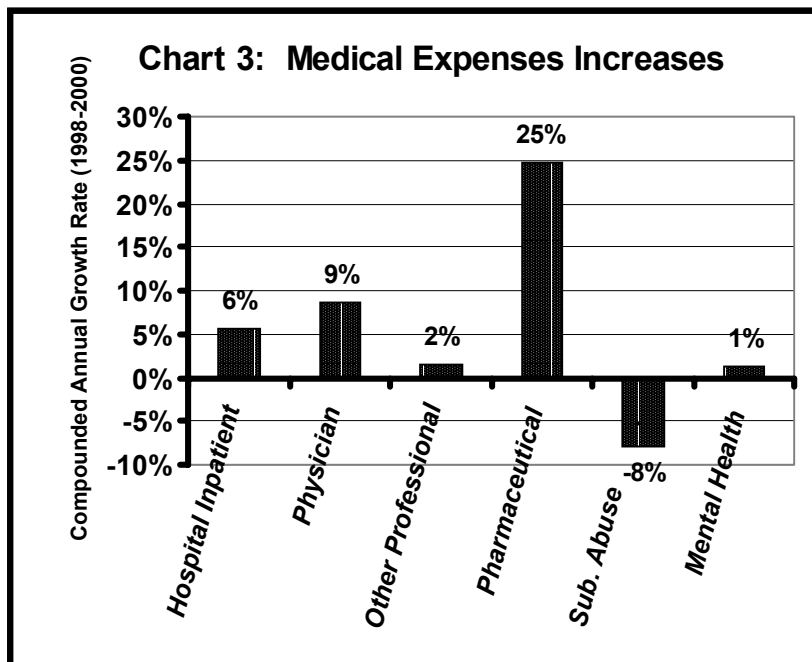
**Consequently, the profitability of RI Health Plans improved.**

Statewide profit margins increased 96 percent in 2000 (2.3 percent to 4.5 percent) with all Plans posting profits compared to 2 of 3 Plans posting profits in 1999.



**The top three Health Plan medical expenses were physicians, hospital inpatient, and pharmaceuticals.**

Physician costs were the largest medical expenses reported in 2000 (45 percent of total) followed by hospital inpatient costs (24 Percent), and pharmaceutical costs (20 Percent –Chart 2). Total behavioral health (substance abuse and mental health) costs comprised 4 percent..



**Spending on pharmaceuticals increased faster than all other categories.**

Drug costs increased more rapidly than any other medical expense, an average of 25 percent per year (Chart 3). Physician costs followed at 9 percent annually and hospital inpatient costs rose 6 percent per year. Substance abuse costs were the only medical expenses to decrease over the period.

**RI Plans were generally less effective in providing diabetic eye exams than were other Plans across the country.**

RI Plans were 23 percent less effective than regional Plans and 6 percent less effective than national Plans in providing eye exams to their diabetic members in 2000.

***RI Plans were generally better at controlling members' high blood pressure and advising smokers to quit than were Plans elsewhere.***

RI Plans were 8 percent more effective than regional Plans and 11 percent more effective than national Plans in controlling their members' high blood pressure. RI Plans were 6 percent more effective than regional Plans and 15 percent more effective than national Plans in advising their members to quit smoking.

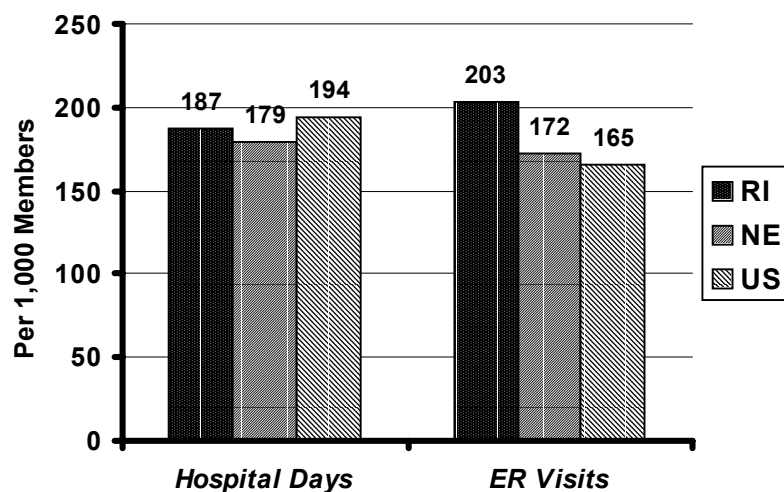
***RI Plan members used hospital inpatient services consistent with their regional and national peers, but were much higher users of ER services.***

Local utilization of hospital inpatient services was similar to regional and national patterns, however, Rhode Islanders used hospital ER facilities for non-emergent care 18 percent higher than NE and 23 percent higher than US rates (Chart 4).

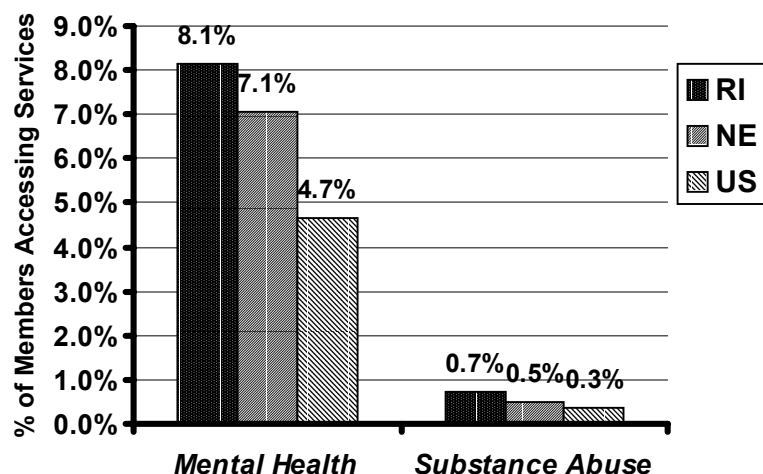
***A greater percentage of RI Plan members accessed behavioral health services than Plan members elsewhere.***

RI Plan members accessed mental health services 16 percent more than NE and 75 percent more than national Plan members.<sup>4</sup> Substance abuse services were accessed by 38 percent more RI Plans members than

**Chart 4: Hospital Utilization (2000)**



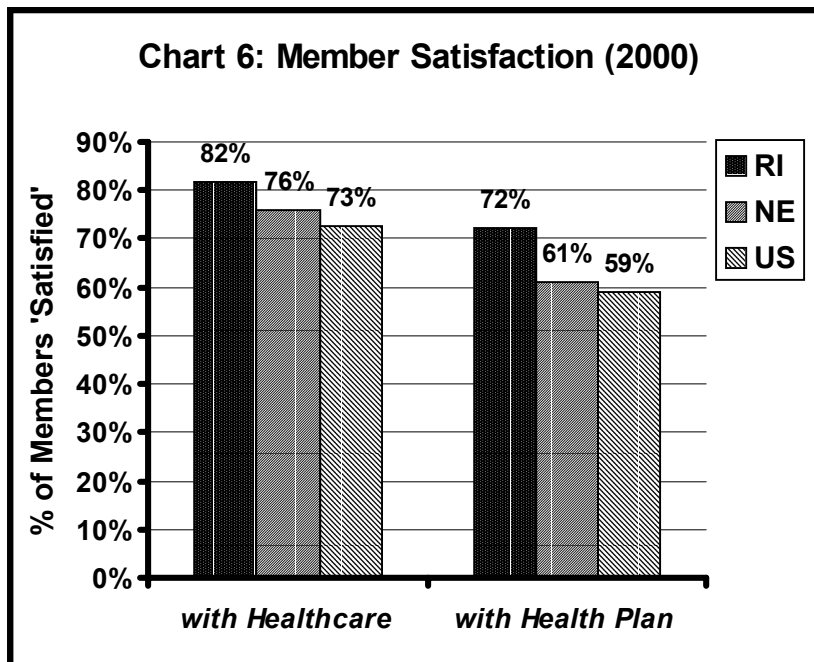
**Chart 5: Behavioral Health Utilization (2000)**



<sup>4</sup> These statistics measure the percentage of members who accessed any behavioral health services, they do not measure utilization (i.e., how much of each service was accessed), therefore, in and of themselves, they are insufficient to gauge if access to behavioral health services was 'adequate' in RI

regional and 107 percent more than national Plan members (Chart 5).

***Rhode Islanders were more satisfied with their Health Plans and their healthcare than were members of other Plans.***



RI Plan members were 18 percent more satisfied than plan members regionally and 22 percent more satisfied than Plan members nationally with their Health Plans in general (Chart 6). RI Plan members were also 7 percent more satisfied than Plan members regionally and 13 percent more satisfied than Plan members nationally their overall healthcare.

***Utilization review denials for services and payment were up in 2000.***

Prior Authorization denials increased 47 percent in 2000 (413 to 606), and Adverse Decisions increased 76 percent (1,455 to 2,561). By comparison, the RI enrollment in these Plans increased 8 percent in 2000.<sup>5</sup>

***Members' appeals that were successful increased in 2000.***

Total Appeals increased 67 percent in 2000 (689 to 1,149), and the number that were successful (i.e., decided in favor of the member) increased 29 percent (231 to 298). Again, to put this into perspective, the RI enrollment in these Plans increased 8 percent in 2000.

<sup>5</sup> Population-based rates (e.g., appeals per 1,000 members, etc.) cannot be calculated because the denominators are unknown (i.e., includes Health Plan members residing outside of RI who access services in-state)



## ***II: Introduction***

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Increasingly, the public, purchasers, providers, and policy makers are seeking meaningful information about Health Plans. This Report provides the most comprehensive public source of data on Health Plans certified to operate in Rhode Island.<sup>6</sup> Consumers and purchasers may use this information to make better choices among competing Plans or to understand their chosen Plan better. The Plans themselves have comparative statistics to identify and focus performance efforts. Policy makers may use this empirical evidence to inform decision-making and to aid accountability to constituents.

### **A. Background**

Not all Health Plans are identical. They differ in how they keep members well and how they care for them when they are ill. They also differ in how they provide access to and deliver services. Over 50 percent of all Rhode Islanders (555,851) receive their health coverage through the four commercial Health Plans in this Report, so learning about how they perform is essential to determining if value is received from the premium dollars expended.

To consumers, the cost, quality, and access to care provided by a Plan may affect their health. To employers, these same issues may influence worker absenteeism, productivity and the company's personnel costs.

Consequently, in response to this need for information, Rhode Island passed the Health Care Accessibility and Quality Assurance Act (RIGL 23-17.13) in 1996. This Law stipulates that, among other things,<sup>7</sup> Health Plans<sup>8</sup> submit performance data to the Department of Health (HEALTH).

The *2000 RI Health Plans' Performance Report* is the third annual publication of this information. HEALTH, recognizing that this is an evolving process, remains committed to improving the Report and welcomes all input. For further information please contact the Office of Performance Measurement.<sup>9</sup> To inspect the actual 2000 Health Plan filings, please contact the Office of Managed Care Regulation.<sup>10</sup> For more information on choosing a Health Plan, readers are referred to the following Web sites: <http://hprc.ncqa.org/>, [www.ahcpr.gov/consumer/qualguid.pdf](http://www.ahcpr.gov/consumer/qualguid.pdf) and [www.medicare.gov](http://www.medicare.gov).

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<sup>6</sup> Includes full-service Health Plans (excludes vision & dental Plans) with 10,000+ RI members, 4 commercial Plans (i.e., Blue Cross –RI, Coordinated Health Partners, UnitedHealthcare –NE, Blue Cross –MA), 2 Medicare Plans (i.e., Coordinated Health Partners, and UnitedHealthcare –NE), and 2 Medicaid Plans (i.e., Neighborhood Health Plan –RI, and UnitedHealthcare –NE)

<sup>7</sup> The HEALTH CARE ACCESSIBILITY AND QUALITY ASSURANCE ACT of 1996 (RIGL 23-17.13) also provides for the certification of RI Health Plans, credentialing of network providers, due cause process for non-institutional provider appeals, and disclosure on members' appeals rights, coverage provisions, and financial arrangements.

<sup>8</sup> RIGL 23-17.13-2, defines a Health Plan as operated by a health care entity, that provides for the delivery of care services to persons enrolled in such plan through: arrangements with selected providers to furnish health care services; and/or financial incentives for persons enrolled in the plan to use the participating providers and procedures provided for by the plan.

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## **B. How to Use This Information**

The Report is divided into Sections containing similar dimensions of performance. Section III examines enrollment and market share. Section IV provides financial data, including premiums, expenses and profitability. Section V compares utilization statistics. Section VI looks at effectiveness of care measures. Section VII details access to care information. Section VIII gives the results of member satisfaction surveys, and Section IX assesses utilization review statistics. Whenever possible, National (U.S.) and Regional (New England) benchmarks are provided to assess the State's performance to these other peer groups.

The body of this Report examines commercial Health Plans only (Appendix A provides additional commercial Health Plan performance measures). Similar information on Medicare and Medicaid Plans are presented in Appendixes B and C, respectively. The rationale for focusing on commercial Plans is that they cover most Rhode Islanders (556,000 RI members versus 58,000 in Medicare Plans, and 98,000 in Medicaid Plans).

Different users will use this Report in different ways. However, the following guidelines should help improve its utility for everyone.

- **No one measure in and of itself can truly reflect Health Plan performance.** Therefore, the statistics should be viewed in combination and not in isolation. When the data are taken as a whole, a more complete picture emerges than if only a simple comparison is made based on a single indicator.
- **Readers should focus on large differences between Health Plans** that are less likely to be caused by random chance. Generally, relative differences less than 5 percent are not large enough to be significant for statistics based on sampling.<sup>11</sup> Therefore, this Report focuses on changes or comparable differences that are 5 percent or more.
- **Readers should recognize that there are reasons why results vary other than differences in quality or administration.** Every Plan enrolls a distinct set of members who may affect its performance. Some Plans may have an older membership and some may have a younger membership. Some Plan memberships may be relatively healthy while others are more chronically ill. Some Plan memberships may be more compliant with recommended treatments while others are less compliant. In addition, some Plan's may have a racial and ethnically diverse membership while others may be more homogeneous. Lastly, differences in covered benefits and provider networks could also influence outcomes. Therefore, there may be many reasons why performance could vary, even if the Plans were delivering care identically.
- **This Report examines both HMOs (Health Maintenance Organizations<sup>12</sup>) and non-HMOs.<sup>13</sup>** HMOs are legally defined and, generally, use provider networks to deliver care through the member's primary care provider. In addition, they may

<sup>11</sup> Generally, the measures derived from sampling (e.g., CAHPS satisfaction measures, HEDIS Effectiveness of Care measures, Advising Smokers to Quit) have a confidence interval of +/-5 percent

<sup>12</sup> UnitedHealthcare –NE, Coordinated Health Partners, and Blue Cross –MA

<sup>13</sup> Blue Cross –RI

employ a variety of managed care techniques<sup>14</sup> to coordinate care and control costs. Non-HMOs may use these exact same techniques but are not defined the same way legally. As the line between HMOs and non-HMOs becomes blurred as they each apply managed care techniques to varying degrees, this technical distinction becomes less apparent and important.

- **This Report does not include 5 Health Plans with fewer than 10,000 RI members.** These smaller Plans<sup>15</sup> are fairly inconsequential players in the RI marketplace and to reduce their burden of reporting, they are exempt from filing.
- **Finally, the Health Plans certified that the information they provided is complete and correct.** Not all of the data have been independently audited so they are presented “as-filed”.

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<sup>14</sup> e.g., ‘gatekeepers’, second opinions, formularies, restricted networks, etc.

<sup>15</sup> i.e., Aetna Life Insurance Company (556 RI members), Aetna US Healthcare (7,616 RI members), Anthem Blue Cross –CT (7,817 RI members), CIGNA (~1,948 RI members), Tufts Associated HMO (newly certified in 2000 with 13,143 RI members but exempted from filing that year), and UnitedHealthcare Insurance (3,535 RI members)

### III: Enrollment Information

This Section compares Health Plan membership information, including market share, and gender and age demographics of the RI commercially insured population.

**A. Rhode Island Enrollment** is the computed RI resident enrollment in a Health Plan for the full year<sup>16</sup> (Table 1). Increasing enrollment over time is important both in terms of “growing the business” and maintaining or increasing market share.

<b>TABLE 1. RI Enrollment in Commercial Health Plans</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>Blue Cross -RI</b>	<b>307,559</b>	<b>362,000</b>	<b>351,970</b>	<b>7%</b>
<b>Coordinated Health Partners</b>	<b>31,637</b>	<b>45,438</b>	<b>69,165</b>	<b>48%</b>
<b>UnitedHealthcare -NE</b>	<b>134,853</b>	<b>107,130</b>	<b>113,890</b>	<b>-8%</b>
<b>Blue Cross -MA</b>			<b>20,826</b>	<b>---</b>
<b>All Other Commercial Health Plans<sup>1</sup></b>	<b>126,320</b>	<b>129,388</b>	<b>37,748</b>	<b>---</b>
<b>Rhode Island<sup>2</sup></b>	<b>600,369</b>	<b>643,956</b>	<b>593,599</b>	<b>-1%</b>

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> 1998 includes: Harvard Pilgrim Health Care (107,381), Blue Cross -MA (6,324), UnitedHealthcare Insurance (2,348), Tufts Health Plan -NE (2,543), CIGNA (4,863), Aetna US Healthcare (2,639), and Aetna Life Insurance (222); 1999 includes: Harvard Pilgrim Health Care (107,000), Blue Cross -MA (7,253), UnitedHealthcare Insurance (~2,700), Tufts Health Plan -NE (7,545), CIGNA (1,709), Aetna US Healthcare (2,656), and Aetna Life Insurance (525); 2000 includes: Harvard Pilgrim Health Care (2,917), Tufts Health Plan -NE (216), Tufts Associated HMO (13,143), Anthem Blue Cross -CT (7,810), UnitedHealthcare Insurance (3,535), CIGNA (~1,948), Aetna US Healthcare (7,616), and Aetna Life Insurance (556)

<sup>2</sup> Total of all Plans' values

Blue Cross Blue Shield of Rhode Island (Blue Cross -RI) remained, by far, the largest commercial insurer with 352,000 RI members, a 7 percent annual increase from 1998. Following was UnitedHealthcare of New England (United) with 114,000 RI members, an 8 percent annual decrease from 1998. Coordinated Health Partners (CHP), a wholly owned subsidiary of Blue Cross -RI, had the third largest RI enrollment (69,000), and grew its membership at 48 percent per year. Finally, Blue Cross Blue Shield of Massachusetts (Blue Cross -MA) reported 21,000 RI members in 2000.

**B. Rhode Island Market Share** calculates each Plan's percentage of the total RI enrollment (Table 2). In many respects, market share is more important than simple enrollment (although the two are related). It is possible in a shrinking market for a Plan's enrollment to decline while its market share increases. Market share, to a large extent, determines how competitive a company can be and how much control it can exert over its fiscal environment.

<sup>16</sup> This statistic is calculated by dividing the RI Resident Member Months by 12.

<b>TABLE 2. RI Market Shares of Commercial Health Plans</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI	51%	56%	59%	8%
Coordinated Health Partners	5%	7%	12%	49%
UnitedHealthcare -NE	22%	17%	19%	-8%
Blue Cross -MA			4%	---
All Other Commercial Health Plans <sup>1</sup>	21%	20%	6%	---
Rhode Island <sup>2</sup>	100%	100%	100%	---

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> See <sup>1</sup> in Table 1 above

<sup>2</sup> Total of all Plans' values

Blue Cross –RI and its wholly owned subsidiary Coordinated Health Partners controlled 71 percent of the commercial market in 2000, up from 56 percent in 1998. United followed with a 19 percent share in 2000, and Blue Cross –MA had a 4 percent share. The 'All Other' category lost market share primarily because Harvard Pilgrim Health Care ceased operations in the state in 2000.

**C. Gender Demographics of RI Enrollment** is the gender breakdown of each Plan's RI membership (Table 3). This information is pertinent in that different gender-based use rates for services could affect comparative utilization and costs between Plans.

<b>TABLE 3. RI Gender Demographics of Commercial Plans</b>				
		<b>1998</b>	<b>1999</b>	<b>2000</b>
Blue Cross -RI	Male		48.2%	48.6%
	Female		51.8%	51.4%
Coordinated Health Prtns.	Male		50.5%	50.3%
	Female		49.5%	49.7%
UnitedHealthcare -NE	Male		48.8%	48.5%
	Female		51.2%	51.5%
Blue Cross -MA	Male			51.1%
	Female			48.9%
Rhode Island <sup>1</sup>	Male		48.6%	48.9%
	Female		51.4%	51.1%

Blank cell indicates Plan did not have to report

<sup>1</sup> Aggregate of all Plans' numerators and denominators

**D. Age Demographics of RI Enrollment** is the age breakdown of each Plan's RI membership (Table 4). This information is pertinent in that different age-based use rates for services could affect comparative utilization and costs between Plans.

TABLE 4. RI Age Demographics of Commercial Plans				
		1998	1999	2000
Blue Cross -RI	Age <20 years		26.7%	27.7%
	Age 20-44 years		35.1%	36.1%
	Age 45-64 years		28.1%	30.0%
	Age 65+ years		10.1%	6.1%
Coordinated Health Prtns.	Age <20 years		29.8%	28.9%
	Age 20-44 years		44.0%	43.1%
	Age 45-64 years		24.6%	26.1%
	Age 65+ years		1.6%	1.9%
UnitedHealthcare -NE	Age <20 years		28.7%	28.5%
	Age 20-44 years		40.9%	39.9%
	Age 45-64 years		29.0%	30.2%
	Age 65+ years		1.4%	1.4%
Blue Cross -MA	Age <20 years			30.1%
	Age 20-44 years			44.3%
	Age 45-64 years			24.6%
	Age 65+ years			0.9%
Rhode Island <sup>1</sup>	Age <20 years		27.4%	28.1%
	Age 20-44 years		37.1%	38.1%
	Age 45-64 years		28.0%	29.4%
	Age 65+ years		7.5%	4.4%

Blank cell indicates Plan did not have to report

<sup>1</sup> Aggregate of all Plans' numerators and denominators

**E. Total Enrollment** is the computed total enrollment in a Health Plan, regardless of residence, for a full year<sup>17</sup> (Table 5). All else being equal, greater membership is preferred to lesser membership because economies of scale may decrease administrative expenses while enhancing bargaining position. This may result in lower reimbursement for services that could be passed on to the consumer as lower premiums.

TABLE 5. Total Enrollment in Commercial Health Plans				
Health Plans	1998	1999	2000	CAGR
Blue Cross -RI	347,653	404,410	399,182	7%
Coordinated Health Partners	35,757	49,693	75,519	45%
UnitedHealthcare -NE	174,535	139,497	147,111	-8%
Blue Cross -MA			767,436	---

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

**F. Rhode Island Enrollment as a Percentage of Total** (enrollment) is the proportion of a Plan's total enrollment that are RI residents (Table 6).

TABLE 6. RI Enrollment as a Percentage of Total				
Health Plans	1998	1999	2000	CAGR
Blue Cross -RI	88%	90%	88%	---
Coordinated Health Partners	88%	91%	92%	---
UnitedHealthcare -NE	77%	77%	77%	---
Blue Cross -MA			3%	---

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>17</sup> This statistic is calculated by dividing the Total Member Months by 12.

## IV: Financial Information

This Section allows readers to compare information on Health Plan operations. Included are the average costs of the Plans (i.e., premium revenue), how much they spend on administration and healthcare services, and how profitable they are.

**A. Premium Revenue (PMPM<sup>18</sup>)** is the average monthly amount a Health Plan receives in payment for each member (Table 7). This is the average cost to members of the Health Plan (either directly through purchase or indirectly through wages foregone). Care should be taken in comparing these statistics between individual Plans. One Plan may be less expensive than another but that doesn't necessarily mean it is a better value. Different Plans may have different benefits, co-pays, deductibles and provider networks. Therefore, the total healthcare cost to a member for a less expensive Plan may actually be greater than a more expensive Plan that has fewer co-pays, lower deductibles and more covered services the member needs.

TABLE 7. Commercial Premium Revenue (PMPM)					
Health Plans	1998	1999	2000	CAGR	
Blue Cross -RI	\$166	\$160	\$202	10%	
Coordinated Health Partners	\$138	\$142	\$164	9%	
UnitedHealthcare -NE	\$132	\$148	\$177	16%	
Blue Cross -MA			\$176	---	
RI All Plans <sup>1</sup>	\$154	\$156	\$191	11%	
Benchmarks	RI HMOs <sup>1</sup>	\$133	\$146	\$172	14%
	New England <sup>2</sup>	\$121	\$160	\$176	21%
	United States <sup>2</sup>	\$115	\$124	\$137	9%

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report  
RI HMOs include Coordinated Health Partners, UnitedHealthcare -NE, and Blue Cross -MA (BC -RI is not an HMO)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Best's Averages & Averages. 2001 HMO Ed." (pp 2.12 & Errata). AM Best Co.

Statewide, the cost of all RI Commercial Health Plans rose 11 percent annually from 1998 to 2000. For the same period, RI HMO premiums increased 14 percent annually, compared to a 21 percent annual increase for regional HMOs and a 9 percent annual increase for national HMOs. Nevertheless, in 2000, RI HMOs were competitively priced to their New England peers. As expected, Blue Cross -RI, a non-HMO product, cost more than the other HMO Plans. Non-HMOs historically sell at a premium to HMOs because they are a less 'managed' product with, generally, less-restrictive networks.

**B. Medical Expense Ratio** is the percentage of total premium revenue received that a Health Plan spends on healthcare services for its members (Table 8). Consumers generally favor a high Medical Expense Ratio (or Loss Ratio) because it indicates a greater portion of their premium dollars are going into their healthcare. However, a lower Medical Expense Ratio does not necessarily imply that a Plan restricts access to healthcare. It could mean that the Plan's members are less ill (i.e., need less services) or that the Plan is more effective in managing care for its enrollees (all else being equal).

<sup>18</sup> Per member per month (PMPM) reporting is a standardized way to present Health Plan expenses on a comparative basis.

<b>TABLE 8. Commercial Medical Expense Ratios</b>			
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>Blue Cross -RI</b>	<b>88.3%</b>	<b>84.8%</b>	<b>84.9%</b>
<b>Coordinated Health Partners</b>	<b>95.7%</b>	<b>92.5%</b>	<b>84.8%</b>
<b>UnitedHealthcare -NE</b>	<b>98.2%</b>	<b>83.7%</b>	<b>82.5%</b>
<b>Blue Cross -MA</b>			<b>84.5%</b>
<b>Rhode Island<sup>1</sup></b>	<b>91.6%</b>	<b>85.3%</b>	<b>84.4%</b>

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Medical Expense Ratios decreased across the board, averaging a 4 percent annual decline. When this decline is combined with the 11 percent annual increase in premiums (Table 5), it reveals the Plans are more aggressively pricing their products to maximize profits. Lower Medical Expense Ratios do not mean the Plans are spending less, in absolute terms, on healthcare services. It simply means they are spending less of each premium dollar on healthcare services.

**C. Profit Margin** is the net income (after all expenses and applicable taxes have been paid), expressed as a percentage of total operating revenue (Table 9). This statistic is important in evaluating the financial solvency of a Health Plan. Members depending on a financially weak Plan may find themselves with reduced coverage, less access to providers, and compromised customer service as the Plan tries to regain profitability. Likewise, providers may experience delinquent payments or outright default from a troubled Plan.

<b>TABLE 9. Commercial Profit Margins</b>			
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>Blue Cross -RI</b>		<b>3.9%</b>	<b>4.5%</b>
<b>Coordinated Health Partners</b>		<b>-6.6%</b>	<b>5.1%</b>
<b>UnitedHealthcare -NE</b>		<b>0.8%</b>	<b>4.6%</b>
<b>Blue Cross -MA</b>			<b>3.1%</b>
<b>Rhode Island<sup>1</sup></b>		<b>2.3%</b>	<b>4.5%</b>

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

In 2000 there was a significant improvement in net income, with every Plan posting a profit. Overall, Profit Margins increased 96 percent in 2000 (2.3 percent to 4.5 percent), which was expected given the increases in Premium Revenue and decreases in Medical Expense Ratios noted above. This is very favorable from the Health Plans standpoint as it allows them to build up their reserves for such times as double-digit rate increases may not be possible.

**D. Hospital Inpatient Expenses (PMPM)** are the (per member per month) Health Plan expenses for all inpatient hospital services, with the exception of substance abuse and mental health services provided by the specialty behavioral health hospitals (Table 10).



<b>TABLE 10. Commercial Hospital Inpatient Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI	\$28.82	\$25.50	\$33.23	7%
Coordinated Health Partners	\$30.58	\$35.26	\$28.40	-4%
UnitedHealthcare -NE	\$28.02	\$27.45	\$31.53	6%
Blue Cross -MA			\$26.87	---
<b>Rhode Island<sup>1</sup></b>	<b>\$28.71</b>	<b>\$26.77</b>	<b>\$32.04</b>	<b>6%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Of all the medical expense categories examined (i.e., inpatient, physician, other professional, pharmaceutical, substance abuse, and mental health), hospital inpatient expenses comprised the second largest category (25 percent of the total) behind physician expenses (42 percent of the total). Over the period 1998-2000, these expenses increased an average of 6 percent per annum.

One cannot conclude, however, that hospitals received greater payment for treating each inpatient simply because Health Plans' PMPM hospital expenses increased. The total costs to a Health Plan for hospital inpatient services (or any other healthcare service) are a function of both the average reimbursement per patient<sup>19</sup> and the utilization. Therefore, in the absence of other data, an increase (or decrease) in this statistic only means that the Plans are spending more (or less) on these services than they were previously. This relationship holds true for all PMPM healthcare expenses in this Report (including E through I below).

**E. Physician Expenses (PMPM)** are the (per member per month) Health Plan expenses for all services provided by physicians (Table 11).

<b>TABLE 11. Commercial Physician Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI	\$58.96	\$51.49	\$62.71	3%
Coordinated Health Partners	\$30.99	\$36.40	\$58.12	37%
UnitedHealthcare -NE	\$34.85	\$36.53	\$47.08	16%
Blue Cross -MA			\$71.69	---
<b>Rhode Island<sup>1</sup></b>	<b>\$50.23</b>	<b>\$47.04</b>	<b>\$59.27</b>	<b>9%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Physician expenses comprised the largest portion (42 percent of total) of all the medical expense categories examined. For 1998-2000, these expenses increased an average of 9 percent annually, the second greatest increase behind pharmaceuticals (+25 percent per annum).

**F. Other Professional Expenses (PMPM)** are the (per member per month) Health Plan expenses for the services of dentists, optometrists, nurses, and other clinical personnel (e.g., technicians, technologists, therapists, vocational and rehab professionals, etc., -Table 12).

<sup>19</sup> Which itself is a function of the severity of the patient population (i.e., the 'case-mix')

<b>TABLE 12. Commercial Other Professional Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI	\$11.60	\$7.99	\$7.85	-18%
Coordinated Health Partners	\$10.42	\$3.42	\$27.43	62%
UnitedHealthcare -NE	\$3.09	\$5.72	\$0.11	-81%
Blue Cross -MA			\$26.38	---
<b>Rhode Island<sup>1</sup></b>	<b>\$9.10</b>	<b>\$7.11</b>	<b>\$9.39</b>	<b>2%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Other professional expenses comprised the fourth largest medical expense category (8 percent of the total), and they increased an average of 2 percent per annum.

**G. Pharmaceutical Expenses (PMPM)** are the (per member per month) Health Plan expenses for prescription drugs and other proprietary medications (Table 13).

<b>TABLE 13. Commercial Pharmaceutical Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI	\$17.26	\$22.45	\$29.73	31%
Coordinated Health Partners	\$17.92	\$16.40	\$20.22	6%
UnitedHealthcare -NE	\$16.85	\$19.87	\$21.40	13%
Blue Cross -MA			\$27.18	---
<b>Rhode Island<sup>1</sup></b>	<b>\$17.19</b>	<b>\$21.38</b>	<b>\$26.75</b>	<b>25%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Pharmaceuticals were the third largest medical expense category (21 percent of total), but they grew at the fastest rate (25 percent annually). This implicates pharmaceuticals as a primary factor pushing health insurance costs. Without additional data, one cannot conclude if these increases were driven by price inflation or by more prescriptions being filled (or both).

**H. Substance Abuse Expenses (PMPM)** are the (per member per month) Health Plan expenses for inpatient and outpatient substance abuse services, supplies, and medications for treatment of chemical dependency (Table 14).

<b>TABLE 14. Commercial Substance Abuse Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI	\$0.51	\$0.43	\$0.37	-15%
Coordinated Health Partners	\$0.67	\$0.60	\$0.86	14%
UnitedHealthcare -NE	\$0.93	\$0.85	\$0.77	-9%
Blue Cross -MA			\$1.15	---
<b>Rhode Island<sup>1</sup></b>	<b>\$0.64</b>	<b>\$0.53</b>	<b>\$0.54</b>	<b>-8%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Substance abuse services were, by far, the smallest medical expense category (0.4 percent of total), and they decreased an average of 8 percent annually while the percentage of members accessing treatment services has also dropped 7 percent per year (page 19).

**I. Mental Health Expenses (PMPM)** are the (per member per month) Health Plan expenses for inpatient and outpatient mental health services, supplies, and medications for treatment of mental health problems (Table 15).

<b>TABLE 15. Commercial Mental Health Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>Blue Cross -RI</b>	<b>\$4.24</b>	<b>\$3.57</b>	<b>\$4.40</b>	<b>2%</b>
<b>Coordinated Health Partners</b>	<b>\$2.46</b>	<b>\$4.05</b>	<b>\$4.74</b>	<b>39%</b>
<b>UnitedHealthcare -NE</b>	<b>\$5.73</b>	<b>\$5.62</b>	<b>\$5.59</b>	<b>-1%</b>
<b>Blue Cross -MA</b>			<b>\$3.45</b>	<b>---</b>
<b>Rhode Island<sup>1</sup></b>	<b>\$4.55</b>	<b>\$4.04</b>	<b>\$4.65</b>	<b>1%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Mental Health services were the second smallest medical expense category (3.7 percent of total), and they also increased at the second slowest rate over the period (1 percent per year), while the percentage of members accessing treatment services has declined 1 percent per year (page 19).

**J. Health Education Expenses PMPM** are the (per member per month) Health Plan expenses for services for enrollee health education (e.g., health fairs/seminars for health risk information, preventive services, lifestyle modifications, treatment compliance, and subsidies for health clubs, etc. –Table 16). Excluded are individual provider/patient consults.

<b>TABLE 16. Commercial Health Education Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>Blue Cross -RI</b>	<b>\$0.16</b>	<b>n/r</b>	<b>\$0.21</b>	<b>15%</b>
<b>Coordinated Health Partners</b>	<b>\$0.49</b>	<b>n/r</b>	<b>\$0.87</b>	<b>34%</b>
<b>UnitedHealthcare -NE</b>	<b>\$0.41</b>	<b>\$0.56</b>	<b>\$1.27</b>	<b>76%</b>
<b>Blue Cross -MA</b>			<b>\$0.38</b>	<b>---</b>
<b>Rhode Island<sup>1</sup></b>	<b>\$0.25</b>	<b>\$0.56</b>	<b>\$0.52</b>	<b>43%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report  
n/r information was required but not reported by the Health Plan

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Health Education is a somewhat generic category encompassing a variety of educational initiatives. The Health Plans increased their investment in these efforts 43 percent per year (on average) although the absolute amounts remained modest (\$0.52 PMPM).

**K. Administrative Expenses (PMPM)** are the (per member per month) expenses for operating the Health Plan, managing its investments, and marketing its products (Table 17).

<b>TABLE 17. Commercial Administrative Expenses (PMPM)</b>				
<b>Health Plans</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>Blue Cross -RI</b>	<b>\$22.60</b>	<b>\$19.34</b>	<b>\$20.80</b>	<b>-4%</b>
<b>Coordinated Health Partners</b>	<b>\$29.95</b>	<b>\$22.96</b>	<b>\$19.16</b>	<b>-20%</b>
<b>UnitedHealthcare -NE</b>	<b>\$18.89</b>	<b>\$16.82</b>	<b>\$21.76</b>	<b>7%</b>
<b>Blue Cross -MA</b>			<b>\$23.03</b>	<b>---</b>
<b>Rhode Island<sup>1</sup></b>	<b>\$22.04</b>	<b>\$19.14</b>	<b>\$20.88</b>	<b>-3%</b>

PMPM Per Member Per Month, CAGR Compounded Annual Growth Rate, Blank cell -Plan did not have to report

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

Administrative expenses PMPM fell slightly over this period (-3 percent per year), primarily because enrollment increased (Table 3). Administrative costs are usually fixed (or semi-fixed), so as the service base of members increases, costs do not rise proportionately. Consequently, United, which was the only Plan to lose members (-8 percent per year), was also the only Plan to see its PMPM administrative costs rise (+7 percent per year).

## V: Use of Services Information

This Section gives HEDIS<sup>20</sup> information on the services a Health Plan provides to its members. Regional (New England –NE) and national (US) benchmarks are provided for comparison purposes.

**A. Hospital Days per 1,000 Members** is the average number of acute-care hospital days used by every 1,000 members in a Plan (Table 18). Excluded are substance abuse, mental health and newborn days.

TABLE 18. Commercial Hospital Days per 1,000 Members					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI		202	193	187	-4%
Coordinated Health Partners		185	185	183	-1%
UnitedHealthcare -NE		178	171	186	2%
Blue Cross -MA				201	---
Benchmarks	Rhode Island <sup>1</sup>	194	187	187	-2%
	New England <sup>2</sup>	178	175	179	0%
	United States <sup>2</sup>	188	190	194	2%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

Hospital day utilization decreased 2 percent annually in RI, which brought the state more in line with the regional experience. RI Plans began the period in 1998 with day rates exceeding both the regional and national cohorts (+9 percent and +3 percent, respectively). By 2000, those differences were reduced to RI utilization 4 percent greater than New England, and 4 percent less than the US rate.

**B. Hospital Discharges per 1,000 Members** is the average number of acute-care hospital discharges (excluding substance abuse, mental health and newborn discharges) used by every 1,000 members in a Plan (Table 19).

TABLE 19. Commercial Hospital Discharges per 1,000					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI		45.7	45.0	45.6	0%
Coordinated Health Partners		45.4	44.4	47.1	2%
UnitedHealthcare -NE		44.4	43.2	48.2	4%
Blue Cross -MA				46.3	---
Benchmarks	Rhode Island <sup>1</sup>	45.3	44.6	46.3	1%
	New England <sup>2</sup>	47.5	46.5	48.1	1%
	United States <sup>2</sup>	51.7	52.8	53.9	2%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

RI's Commercial hospital discharge rate held steady and remained below both the regional and national benchmarks (4 percent less than NE and 14 percent less than the

<sup>20</sup> HEDIS (Health Plan Employer Data and Information Set) is a set of performance measures for the managed care industry, administered by the National Committee for Quality Assurance (NCQA), Medicare HEDIS measures administered by the Center for Medicare and Medicaid Services (CMS).

US rate). Lower comparative discharges, and generally higher comparative days indicates that the length of stay was greater in RI (Table 20).

**C. Average Length of Stay** is the average number of inpatient days for each acute-care hospital admission (Table 20).

TABLE 20. Commercial Average Length of Stay					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI		4.4	4.3	4.1	-3%
Coordinated Health Partners		4.1	4.2	3.9	-3%
UnitedHealthcare -NE		4.0	4.0	3.9	-1%
Blue Cross -MA				4.3	---
Benchmarks	Rhode Island <sup>1</sup>	4.3	4.2	4.0	-3%
	New England <sup>2</sup>	3.8	3.8	3.7	0%
	United States <sup>2</sup>	3.7	3.6	3.6	-1%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

RI Health Plans reduced their length of stay (-3 percent per year) more than regional Plans (<1 percent annually) or national Plans (-1 percent annually). However, as expected, the RI length of stay remained 8 percent longer than the regional cohort (4.0 versus 3.7 days), and 12 percent longer than the national cohort (4.0 versus 3.6 days). One cannot infer if RI's comparatively longer stays were necessary without knowing the complexity (i.e., case-mix) of its patients compared to patients elsewhere.<sup>21</sup>

**D. ER Visits per 1,000 Members** is the number of visits to the Hospital Emergency Department (that did not result in the patient being admitted) for every 1,000 members in a Plan (Table 21). All else being equal, higher ER rates could indicate a lack of access to primary care.

TABLE 21. Commercial ER Visits per 1,000 Members					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI		221	214	216	-1%
Coordinated Health Partners		196	149	187	-2%
UnitedHealthcare -NE		167	153	175	2%
Blue Cross -MA				187	---
Benchmarks	Rhode Island <sup>1</sup>	204	196	203	0%
	New England <sup>2</sup>	146	153	172	9%
	United States <sup>2</sup>	136	146	165	10%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

RI's ER utilization rates held steady over the period, but remained 18 percent higher than the regional rate (203 versus 172), and 23 percent higher than the national rate (203 versus 165). Given that this utilization is for patients who do not require inpatient services (i.e., non-acute), suggests that there may be a comparative lack of access to alternative primary care providers in the State.

<sup>21</sup> Medicare case-mix data are available ("The comparative Performance of U.S. Hospitals –The Sourcebook", HCIA/Sachs or the "Almanac of Hospital Financial & Operating Indicators", Ingenix) but Commercial case-mix indexes are not published

**E. Mental Health Utilization** is the percentage of members receiving any mental health services (i.e., inpatient, day treatment or outpatient) during the year (Table 22).

<b>TABLE 22. Commercial Mental Health Utilization</b>					
<b>Health Plans</b>		<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI		8.9%	8.3%	8.5%	-2%
Coordinated Health Partners		6.0%	6.1%	6.9%	7%
UnitedHealthcare -NE		7.4%	7.3%	7.7%	2%
Blue Cross -MA				8.1%	---
<b>Benchmarks</b>	<b>Rhode Island<sup>1</sup></b>	8.3%	7.9%	8.1%	-1%
	<b>New England<sup>2</sup></b>	6.4%	6.5%	7.1%	5%
	<b>United States<sup>2</sup></b>	4.3%	4.2%	4.7%	4%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass". National Committee for Quality Assurance (NCQA)

RI mental health utilization continued to outpace both the regional rate (16 percent higher) and the national rate (75 percent higher). However, without knowing the comparative incidence rates for mental illness and the actual utilization of services,<sup>22</sup> one cannot conclude that access to care was any better in RI than elsewhere, only that more members used these services.

**F. Chemical Dependency Utilization** is the percentage of members receiving chemical dependency services during the year (Table 23).

<b>TABLE 23. Commercial Substance Abuse Utilization</b>					
<b>Health Plans</b>		<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
Blue Cross -RI		1.0%	0.7%	0.8%	-12%
Coordinated Health Partners		1.6%	0.7%	0.8%	-31%
UnitedHealthcare -NE		0.2%	0.5%	0.5%	58%
Blue Cross -MA				0.4%	---
<b>Benchmarks</b>	<b>Rhode Island<sup>1</sup></b>	0.8%	0.7%	0.7%	-7%
	<b>New England<sup>2</sup></b>	0.4%	0.4%	0.5%	9%
	<b>United States<sup>2</sup></b>	0.3%	0.3%	0.3%	0%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass". National Committee for Quality Assurance (NCQA)

RI chemical dependency utilization continued to outpace both the regional rate (38 percent higher) and the national rate (107 percent higher). However, without knowing the comparative incidence rates for substance abuse and the actual utilization of services,<sup>22</sup> one cannot conclude that access to care was any better in RI than elsewhere, only that more members used these services.

<sup>22</sup> Effective access means the right patient gets the right care in the right amount at the right time. This statistic simply measures the percentage of members that accessed at least one service over the period. It does not tell what kinds or how much of each service was provided.

## VI. Effectiveness of Care Information

This Section contains HEDIS measures that look at the clinical quality of care provided within a Health Plan. These indicators examine how effectively a Plan delivers preventive services to keep its members healthy, and how well it treats members who are already sick. Starting in 1999, certain HEDIS measures in this domain were on a rotation schedule, meaning they may be based on biennial (2 year) data collection, and so reported. Three statistics in this Report were 'rotated' and not collected in 2000.<sup>23</sup> In addition, other Effectiveness of Care measures are reported in Appendix A.<sup>24</sup> Regional (NE) and national (US) benchmarks are presented for comparison.

**A. Cholesterol Management After an Acute Cardiovascular Event** is the percentage of members (age 18 through 75) discharged after an acute cardiac event and/or procedure with clinical screening of (LDL) cholesterol within 60-365 days after discharge (Table 24).

TABLE 24. Commercial Cholesterol Management (Screening)					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			76.9%	75.9%	-1%
Coordinated Health Partners			73.7%	82.3%	12%
UnitedHealthcare -NE			81.6%	77.1%	-6%
Blue Cross -MA				83.5%	---
Benchmarks	Rhode Island <sup>1</sup>		77.6%	77.2%	0%
	New England <sup>2</sup>		76.3%	80.4%	5%
	United States <sup>2</sup>		69.6%	74.6%	7%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass". National Committee for Quality Assurance (NCQA)

Cholesterol management in RI remained steady in 2000 and not significantly different from the regional or national experience.

**B. Controlling High Blood Pressure** is the percentage of diagnosed hypertensive members (age 46 to 85 years) whose blood pressure was under control (Table 25).

<sup>23</sup> Childhood Immunization, Adolescent Immunization, and Beta Blocker Treatment After a Heart attack  
<sup>24</sup> Childhood Immunization, Adolescent Immunization, Cervical Cancer Screening, Chlamydia Screening in Women, Follow-up for Mental Illness, and Antidepressant Medication Management



TABLE 25. Commercial Controlling High Blood Pressure					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			52.9%	60.1%	14%
Coordinated Health Partners			51.1%	61.8%	21%
UnitedHealthcare -NE			26.7%	49.4%	85%
Blue Cross -MA				57.2%	---
Benchmarks	Rhode Island <sup>1</sup>		47.3%	58.0%	23%
	New England <sup>2</sup>		n/a	53.6%	---
	United States <sup>2</sup>		n/a	52.4%	---

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

n/a New HEDIS measure for 1999, benchmarks not available

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

RI Health Plans improved their performance on this measure by 23 percent in 2000. In addition, the State's rate was 8 percent above the regional rate and 11 percent above the national rate. However, given the low absolute values on this measure, both locally, regionally and nationally, there is room for further improvement.

**C. Diabetes Care (Eye Exam)** is the percentage of members (age 18 through 75 years) with diabetes that received an eye exam for diabetic retinal disease (Table 26). Diabetes is the leading cause of adult blindness in the US, so regular examinations are important to diagnose problems as early as possible.

TABLE 26. Commercial Diabetes Care (Eye Exam)					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			47.4%	42.8%	-10%
Coordinated Health Partners			52.3%	40.4%	-23%
UnitedHealthcare -NE			48.9%	54.7%	12%
Blue Cross -MA				62.5%	---
Benchmarks	Rhode Island <sup>1</sup>		48.1%	45.7%	-5%
	New England <sup>2</sup>		57.1%	59.2%	4%
	United States <sup>2</sup>		45.4%	48.4%	7%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

RI Health Plans generally did not perform well on this Effectiveness of Care measure. Not only were overall diabetic eye exams rates down in 2000, the RI statistic was 23 percent below the New England rate and 6 percent below the US rate. Clearly, RI needs to improve its performance on this measure.

**D. Advising Smokers to Quit** is the percentage of members (age 18+) who are smokers or recent quitters who received advice to quit (Table 27). Smoking is one of the most preventable contributors to heart disease and certain cancers.

**TABLE 27. Commercial Advising Smokers to Quit**

Health Plans		1998	1999	2000	CAGR
Blue Cross -RI		56.3%		76.3%	16%
Coordinated Health Partners		69.1%		75.6%	5%
UnitedHealthcare -NE		76.0%		75.3%	0%
Blue Cross -MA				70.2%	---
Benchmarks	Rhode Island <sup>1</sup>	62.8%		75.8%	10%
	New England <sup>2</sup>	72.4%		71.8%	0%
	United States <sup>2</sup>	63.7%		66.2%	2%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

RI Health Plans made significant improvement on this measure, increasing compliance 10 percent per year on average. RI's rate in 2000 was 6 percent above the regional rate and 15 percent above the national rate.

**E. Breast Cancer Screening** is the percentage of women (age 52 to 69) who had a mammogram within the last 2 years (Table 28).

**TABLE 28. Commercial Breast Cancer Screening**

Health Plans		1998	1999	2000	CAGR
Blue Cross -RI		70.4%		74.8%	3%
Coordinated Health Partners		73.8%		72.0%	-1%
UnitedHealthcare -NE		77.0%		76.8%	0%
Blue Cross -MA				80.0%	---
Benchmarks	Rhode Island <sup>1</sup>	72.5%		75.1%	2%
	New England <sup>2</sup>	76.2%		79.0%	2%
	United States <sup>2</sup>	72.3%		74.5%	2%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

Over the period 1998-2000, RI Breast Cancer Screening did not change significantly (+2 percent per year) and did not differ appreciably from the New England rate (5 percent less) or the U.S. rate (1 percent greater).

**F. Beta Blocker Treatment After a Heart Attack** is the percentage of members (age 35 years and older) diagnosed and discharged with acute myocardial infarction who received an outpatient beta blocker prescription at discharge (Table 29). Given the prevalence and cost of heart disease in the US, beta blocker therapy has proven an effective medical treatment to reduce the risk of having another attack.

TABLE 29. Commercial Beta Blocker Treatment					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI*			89.2%	89.2%	0%
Coordinated Health Partners*			80.0%	80.0%	0%
UnitedHealthcare -NE			93.3%	87.0%	-7%
Blue Cross -MA				100.0%	---
Benchmarks	Rhode Island <sup>1</sup>		89.2%	88.0%	-1%
	New England <sup>2</sup>		91.2%	94.0%	3%
	United States <sup>2</sup>		84.9%	89.3%	5%

CAGR: Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

\* Plan reported the same data for 2000 as it did in 1999 (i.e., it 'rotated' the measure as allowed by NCQA)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

Beta Blocker Treatment is one of the HEDIS measures that may be electively 'rotated' and reported every 2 years. United chose to collect these data in 2000 while the other Plans did not. In 2000, RI Plans performed slightly worse than their regional peers (6 percent below), and about the same as the national Plans.

## VII. Access to Care Information

HEDIS measures in this Section examine if members are obtaining needed services from the healthcare system. Access means more than healthcare services are available. Access means the right patients get the right care in the right amounts at the right time. Additional access measures<sup>25</sup> are included in Appendix A.

**A. Timeliness of Prenatal Care** measures the percentage of women who delivered a live birth and had a prenatal visit in the first trimester (Table 30).

TABLE 30. Commercial Prenatal Care					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI				83.7%	---
Coordinated Health Partners				91.8%	---
UnitedHealthcare -NE				91.9%	---
Blue Cross -MA				96.7%	---
Benchmarks	Rhode Island <sup>1</sup>			86.9%	---
	New England <sup>2</sup>			91.9%	---
	United States <sup>2</sup>			85.3%	---

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

Trend data were not available for this statistic and the 2000 RI performance did not differ significantly from either the regional or national experience.

**B. Postpartum Care** measures the percentage of women who delivered a live birth and had a postpartum visit 21 to 56 days after delivery (Table 31).

TABLE 31. Commercial Postpartum Care					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI				77.1%	---
Coordinated Health Partners				77.1%	---
UnitedHealthcare -NE				78.8%	---
Blue Cross -MA				87.5%	---
Benchmarks	Rhode Island <sup>1</sup>			77.9%	---
	New England <sup>2</sup>			80.6%	---
	United States <sup>2</sup>			75.7%	---

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

Trend data were not available for this statistic and the 2000 RI performance did not differ significantly from either the regional or national experience.

<sup>25</sup> Children's Access to Primary Care (ages 1-2, ages 2-6, ages 7-10), and Adult's Access to Ambulatory Services (ages 20-44, ages 45-64, ages 65+)

## VIII: Member Satisfaction Information

This Section provides CAHPS<sup>26</sup> information on the percentage of members who were satisfied with their experience of care, and demographics on the respondents to the CAHPS surveys.

**A. Ethnicity Demographics of CAHPS Respondents** provides an ethnic breakdown of Plan members who responded to the satisfaction surveys (Table 32).

TABLE 32. Ethnicity of CAHPS Respondents				
		1998	1999	2000
Blue Cross -RI	Hispanic			2.0%
	Not Hispanic			98.0%
Coordinated Health Prtns.	Hispanic			3.8%
	Not Hispanic			96.2%
UnitedHealthcare -NE	Hispanic			3.6%
	Not Hispanic			96.4%
Blue Cross -MA	Hispanic			4.0%
	Not Hispanic			96.0%
Rhode Island <sup>1</sup>	Hispanic			3.3%
	Not Hispanic			96.7%

Blank cell indicates Plan did not have to report

<sup>1</sup> Aggregate of all Plans' numerators and denominators

**B. Racial Demographics of CAHPS Respondents** provides a racial breakdown of Plan members responding to the satisfaction surveys (Table 33).

<sup>26</sup> CAHPS (Consumer Assessment of Health Plans) is a set of standardized surveys assessing patient satisfaction and is administered by the National Committee for Quality Assurance (NCQA).

**TABLE 33. Race of CAHPS Respondents**

		1998	1999	2000
Blue Cross -RI	<i>Native Indian</i>			0.3%
	<i>Asian</i>			1.9%
	<i>African American</i>			1.7%
	<i>Pacific Islander</i>			0.2%
	<i>White</i>			95.9%
Coordinated Health Prtns.	<i>Native Indian</i>			0.5%
	<i>Asian</i>			1.4%
	<i>African American</i>			1.9%
	<i>Pacific Islander</i>			0.3%
	<i>White</i>			95.9%
UnitedHealthcare -NE	<i>Native Indian</i>			0.6%
	<i>Asian</i>			1.1%
	<i>African American</i>			3.1%
	<i>Pacific Islander</i>			0.5%
	<i>White</i>			94.7%
Blue Cross -MA	<i>Native Indian</i>			0.9%
	<i>Asian</i>			3.2%
	<i>African American</i>			3.9%
	<i>Pacific Islander</i>			0.5%
	<i>White</i>			91.6%
Rhode Island <sup>1</sup>	<i>Native Indian</i>			0.6%
	<i>Asian</i>			1.8%
	<i>African American</i>			2.6%
	<i>Pacific Islander</i>			0.4%
	<i>White</i>			94.7%

Blank cell indicates Plan did not have to report

<sup>1</sup> Aggregate of all Plans' numerators and denominators

**C. Rating of Personal Doctor (or Nurse)** is the percentage of members indicating general satisfaction with their own doctors (or nurse practitioners -Table 34).

**TABLE 34. Commercial Members' Satisfaction with Doctor**

Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			83.0%	81.4%	-2%
Coordinated Health Partners			76.5%	80.1%	5%
UnitedHealthcare -NE			80.9%	80.4%	-1%
Blue Cross -MA				74.4%	---
Benchmarks	Rhode Island <sup>1</sup>		82.0%	80.8%	-1%
	New England <sup>2</sup>		74.2%	75.2%	1%
	United States <sup>2</sup>		72.7%	74.5%	2%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

In 2000, RI member satisfaction rates with their personal physicians (or nurse practitioners) were 7 percent higher than regional rates (80.8 percent versus 75.2 percent) and 8 percent higher than national rates (80.8 percent versus 74.5 percent).

**D. Rating of Specialist** is the percentage of members indicating satisfaction with the specialists seen most frequently in the past year (Table 35).

TABLE 35. Commercial Members' Satisfaction with Specialist					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			85.2%	82.5%	-3%
Coordinated Health Partners			80.6%	81.8%	2%
UnitedHealthcare -NE			80.5%	79.8%	-1%
Blue Cross -MA				78.8%	---
Benchmarks	Rhode Island <sup>1</sup>		83.8%	81.7%	-2%
	New England <sup>2</sup>		77.4%	78.3%	1%
	United States <sup>2</sup>		75.1%	76.5%	2%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

In 2000, RI member satisfaction rates with their specialists were similar to regional rates (81.7 percent versus 78.3 percent) and 7 percent higher than national rates (81.7 percent versus 76.5 percent).

**E. Rating of Health Care** is the percentage of members indicating overall satisfaction with all of the healthcare services received in the past year (Table 36).

TABLE 36. Commercial Members' Satisfaction with Healthcare					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			81.2%	82.8%	2%
Coordinated Health Partners			75.6%	81.2%	7%
UnitedHealthcare -NE			78.5%	79.5%	1%
Blue Cross -MA				75.9%	---
Benchmarks	Rhode Island <sup>1</sup>		80.1%	81.7%	2%
	New England <sup>2</sup>		75.3%	76.1%	1%
	United States <sup>2</sup>		70.4%	72.6%	3%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

This is a significant satisfaction measures in that it provides a composite score of overall satisfaction with all the healthcare services a member receives. In 2000, RI member satisfaction rates with their healthcare were 7 percent higher than regional rates (81.7 percent versus 76.1 percent) and 13 percent higher than national rates (81.7 percent versus 72.6 percent).

**F. Rating of Health Plan** is the percentage of members indicating overall satisfaction with the Health Plan itself (Table 37).

TABLE 37. Commercial Members' Satisfaction with Health Plan					
Health Plans		1998	1999	2000	CAGR
Blue Cross -RI			70.7%	73.5%	4%
Coordinated Health Partners			59.2%	67.4%	14%
UnitedHealthcare -NE			66.1%	70.7%	7%
Blue Cross -MA				73.9%	---
Benchmarks	Rhode Island <sup>1</sup>		68.7%	72.2%	5%
	New England <sup>2</sup>		57.8%	60.9%	5%
	United States <sup>2</sup>		56.0%	59.1%	6%

CAGR Compounded Annual Growth Rate (blank cell indicates Plan did not have to report)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

This is another composite satisfaction measure looking at how members viewed the Health Plan itself. In 2000, RI member satisfaction rates with their Health Plans were 18 percent higher than regional rates (72.2 percent versus 60.9 percent) and 22 percent higher than national rates (72.2 percent versus 59.1 percent).



## ***IX: Utilization Review Information***

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Utilization Review (UR) is the process Health Plans use to determine if services to members are medically necessary and/or appropriate. Most Health Plans will only pay for covered services if they are medically necessary and/or appropriate.

This Section provides statistics for UR enrollees of Health Plans. These enrollees are defined as Plan members who reside in RI and receive their care anywhere, and Plan members who reside elsewhere and receive their care in the state.<sup>27</sup> As such, this definition is different from the RI enrollment or the total enrollment in a Plan (both of which are reported in Section III). Because this particular UR population cannot be determined with any accuracy, population based rates<sup>28</sup> for these measures cannot be calculated. Instead, the raw number of *Requests* or *Appeals* are reported as are the percentage of those that are 'denied' (or 'successful' in the case of *Appeals*).

Health Plans employ a variety of delivery models, so care should be taken in comparing *Prior Authorization Denials* and *Adverse Decisions* (A and B below) for different Plans. For example, one Plan may require *Prior Authorizations* for all medical services while another Plan may only require *Prior Authorizations* for substance abuse services. Therefore, while the population based rates<sup>29</sup> of *Prior Authorization Denials* may be the same for these two Health Plans, the number of requests and the percentage of those requests denied at each Plan may differ.

### **A. Prior Authorization Denials**

Some Health Plans require members to get prior authorization for covered services before they will pay for them. If a Plan determines the service is not medically necessary or appropriate, it will deny the request (Table 38).

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<sup>27</sup> Sections 1.23, 1.28, 1.32(b), 1.34, and 2.1 of the Rules & Regulations for the Utilization Review of Health Care Services (R23-17.12-1-UR)

<sup>28</sup> e.g., *Prior Authorization Denials per 1,000 members*, *Adverse Decisions per 1,000 members*, *Successful Appeals per 1,000 members*

<sup>29</sup> Population based rates cannot be calculated because the denominator, a subset of total enrollment based on RI members and others who access care in RI, is unknown

<b>TABLE 38. Commercial Prior Authorization Denials</b>				
		<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>Substance Abuse Services:</b>				
Blue Cross -RI	<i>Requests</i>	1,549	1,488	654
	<i>% Denied</i>	3.0%	3.3%	9.0%
Coord. Health Partners	<i>Requests</i>	403	636	903
	<i>% Denied</i>	1.0%	0.2%	0.1%
UnitedHealthcare -NE	<i>Requests</i>	391	596	604
	<i>% Denied</i>	0.3%	0.3%	2.8%
Blue Cross -MA	<i>Requests</i>			0
	<i>% Denied</i>			---
Rhode Island <sup>1</sup>	<i>Requests</i>	2,343	2,720	2,161
	<i>% Denied</i>	2.2%	1.9%	3.6%
<b>Mental Health Services:</b>				
Blue Cross -RI	<i>Requests</i>	8,329	6,400	3,234
	<i>% Denied</i>	0.9%	0.7%	0.9%
Coord. Health Partners	<i>Requests</i>	2,005	3,830	7,007
	<i>% Denied</i>	0.0%	0.0%	0.0%
UnitedHealthcare -NE	<i>Requests</i>	3,936	10,524	8,969
	<i>% Denied</i>	0.0%	0.1%	0.2%
Blue Cross -MA	<i>Requests</i>			0
	<i>% Denied</i>			---
Rhode Island <sup>1</sup>	<i>Requests</i>	14,270	20,754	19,210
	<i>% Denied</i>	0.5%	0.2%	0.2%
<b>All Services:</b>				
Blue Cross -RI	<i>Requests</i>	37,200	16,442	18,736
	<i>% Denied</i>	1.1%	1.8%	2.2%
Coord. Health Partners	<i>Requests</i>	3,287	5,842	11,421
	<i>% Denied</i>	0.5%	0.7%	0.9%
UnitedHealthcare -NE	<i>Requests</i>	19,004	23,563	14,606
	<i>% Denied</i>	0.7%	0.3%	0.5%
Blue Cross -MA	<i>Requests</i>			268
	<i>% Denied</i>			1.9%
Rhode Island <sup>1</sup>	<i>Requests</i>	59,491	45,847	45,031
	<i>% Denied</i>	0.9%	0.9%	1.3%

Blank cell indicates Plan did not have to report

<sup>1</sup> Total of all Plans' values (%s total all Plans' numerators and denominators)

Behavioral health (substance abuse and mental health) constituted the largest service category for requests in 2000 (47 percent of the total). While behavioral health requests increased from 16,613 in 1998 to 21,371 in 2000, those requests that were denied remained fairly constant (126 and 123, respectively). Total requests fell from 59,491 in 1998 to 45,031 in 2000, but those requests that were denied increased from 565 to 606.

## **B. Adverse Decisions**

A decision by a Health Plan to not pay for a covered service it deems is not medically necessary or appropriate is called an *Adverse Decision* (Table 39). Unlike *Prior Authorizations* (above), these decisions are made concurrently with or retrospectively to treatment.

<b>TABLE 39. Commercial Adverse Decisions</b>				
		<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>Substance Abuse Services:</b>				
Blue Cross -RI	<i>Requests</i>	3,897	3,264	3,170
	<i>% Denied</i>	1.0%	0.9%	1.8%
Coord. Health Partners	<i>Requests</i>	461	467	614
	<i>% Denied</i>	0.0%	0.2%	1.5%
UnitedHealthcare -NE	<i>Requests</i>	379	1,337	1,211
	<i>% Denied</i>	0.0%	0.3%	1.7%
Blue Cross -MA	<i>Requests</i>			0
	<i>% Denied</i>			---
Rhode Island <sup>1</sup>	<i>Requests</i>	4,737	5,068	4,995
	<i>% Denied</i>	0.8%	0.7%	1.7%
<b>Mental Health Services:</b>				
Blue Cross -RI	<i>Requests</i>	46,386	37,009	22,636
	<i>% Denied</i>	0.2%	0.1%	0.2%
Coord. Health Partners	<i>Requests</i>	2,114	3,303	4,686
	<i>% Denied</i>	0.0%	0.2%	0.4%
UnitedHealthcare -NE	<i>Requests</i>	3,720	8,440	7,813
	<i>% Denied</i>	0.2%	0.2%	0.8%
Blue Cross -MA	<i>Requests</i>			0
	<i>% Denied</i>			---
Rhode Island <sup>1</sup>	<i>Requests</i>	52,220	48,752	35,135
	<i>% Denied</i>	0.2%	0.1%	0.4%
<b>All Services:</b>				
Blue Cross -RI	<i>Requests</i>	65,433	57,167	52,663
	<i>% Denied</i>	1.5%	1.8%	2.3%
Coord. Health Partners	<i>Requests</i>	6,867	9,987	12,943
	<i>% Denied</i>	3.2%	3.6%	5.5%
UnitedHealthcare -NE	<i>Requests</i>	63,689	51,551	77,643
	<i>% Denied</i>	1.9%	0.2%	0.7%
Blue Cross -MA	<i>Requests</i>			662
	<i>% Denied</i>			10.3%
Rhode Island <sup>1</sup>	<i>Requests</i>	135,989	118,705	143,911
	<i>% Denied</i>	1.8%	1.2%	1.8%

Blank cell indicates Plan did not have to report

<sup>1</sup> Total of all Plans' values (%s total all Plans' numerators and denominators)

Behavioral health (substance abuse and mental health) constituted the largest service category for requests in 2000 (28 percent of the total). While behavioral health requests decreased from 56,957 in 1998 to 40,130 in 2000, those requests that were denied increased from 143 to 222. Total requests increased from 135,989 in 1998 to 143,911 in 2000, and those that were denied increased from 2,385 to 2,561.

### **C. Successful Appeals**

When a Health Plan determines a covered service is not medically necessary or appropriate and denies payment, a member may appeal that decision according to state law.<sup>30</sup> When such an appeal is overturned (Table 40), it means that the original decision to deny payment was reversed (i.e., the appeal was successful on the part of the member).

<sup>30</sup> RI state law provides for three levels of appeals, two are internal and the final is externally arbitrated

<b>TABLE 40. Commercial Successful Appeals</b>				
		<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>Substance Abuse Services:</b>				
Blue Cross -RI	<i>Appeals Filed</i>	74	67	75
	<i>% Successful</i>	39.2%	55.2%	37.3%
Coord. Health Partners	<i>Appeals Filed</i>	2	0	2
	<i>% Successful</i>	0.0%	---	0.0%
UnitedHealthcare -NE	<i>Appeals Filed</i>	4	8	34
	<i>% Successful</i>	0.0%	37.5%	41.2%
Blue Cross -MA	<i>Appeals Filed</i>			0
	<i>% Successful</i>			---
Rhode Island <sup>1</sup>	<i>Appeals Filed</i>	80	75	111
	<i>% Successful</i>	36.3%	53.3%	37.8%
<b>Mental Health Services:</b>				
Blue Cross -RI	<i>Appeals Filed</i>	163	101	59
	<i>% Successful</i>	44.8%	36.6%	42.4%
Coord. Health Partners	<i>Appeals Filed</i>	4	6	22
	<i>% Successful</i>	0.0%	0.0%	13.6%
UnitedHealthcare -NE	<i>Appeals Filed</i>	12	19	52
	<i>% Successful</i>	33.3%	52.6%	44.2%
Blue Cross -MA	<i>Appeals Filed</i>			0
	<i>% Successful</i>			---
Rhode Island <sup>1</sup>	<i>Appeals Filed</i>	179	126	133
	<i>% Successful</i>	43.0%	37.3%	38.3%
<b>All Services:</b>				
Blue Cross -RI	<i>Appeals Filed</i>	604	486	692
	<i>% Successful</i>	32.0%	28.8%	24.4%
Coord. Health Partners	<i>Appeals Filed</i>	70	128	311
	<i>% Successful</i>	22.9%	33.6%	24.4%
UnitedHealthcare -NE	<i>Appeals Filed</i>	535	75	125
	<i>% Successful</i>	76.3%	64.0%	39.2%
Blue Cross -MA	<i>Appeals Filed</i>			21
	<i>% Successful</i>			19.0%
Rhode Island <sup>1</sup>	<i>Appeals Filed</i>	1,209	689	1,149
	<i>% Successful</i>	51.0%	33.5%	25.9%

Blank cell indicates Plan did not have to report

<sup>1</sup> Total of all Plans' values (%s total all Plans' numerators and denominators)

Behavioral health (substance abuse and mental health) constituted the largest service category of appeals in 2000 (21 percent of the total). While behavioral health appeals decreased from 259 in 1998 to 244 in 2000, those appeals that were successful also decreased from 106 to 93. Total appeals decreased marginally from 1,209 in 1998 to 1,149 in 2000, and those appeals that were successful also decreased from 617 to 298.

**APPENDIX A. Additional Commercial Health Plan Measures**

		1998	1999	2000	CAGR
<b>A1. Well Child Visits (% of 3-6 year olds receiving visit)</b>					
Blue Cross -RI				80.1%	---
Coordinated Health Partners				80.3%	---
UnitedHealthcare -NE				79.8%	---
Blue Cross -MA				84.4%	---
Benchmarks	Rhode Island <sup>1</sup>			80.2%	---
	New England <sup>2</sup>			73.6%	---
	United States <sup>2</sup>			55.7%	---
<b>A2. Adolescent Well-Care Visits (% of 12-21 year olds receiving visit)</b>					
Blue Cross -RI				51.6%	---
Coordinated Health Partners				53.0%	---
UnitedHealthcare -NE				51.2%	---
Blue Cross -MA				56.2%	---
Benchmarks	Rhode Island <sup>1</sup>			51.9%	---
	New England <sup>2</sup>			47.2%	---
	United States <sup>2</sup>			31.6%	---
<b>A3. VBAC Rate (Vaginal Birth After C-section rates)</b>					
Blue Cross -RI				54.0%	---
Coordinated Health Partners				24.0%	---
UnitedHealthcare -NE				28.5%	---
Blue Cross -MA				25.4%	---
Benchmarks	Rhode Island <sup>1</sup>			44.0%	---
	New England <sup>2</sup>			30.6%	---
	United States <sup>2</sup>			28.5%	---
<b>A4. Childhood Immunization (% of 2 year olds receiving combo. 1 vaccinations)</b>					
Blue Cross -RI		74.2%	74.9%	74.9%	0%
Coordinated Health Partners		71.7%	74.8%	74.8%	2%
UnitedHealthcare -NE		78.0%	63.5%	80.5%	2%
Blue Cross -MA				89.1%	---
Benchmarks	Rhode Island <sup>1</sup>	75.1%	72.5%	76.6%	1%
	New England <sup>2</sup>	77.3%	75.8%	79.7%	2%
	United States <sup>2</sup>	65.7%	65.5%	68.6%	2%
<b>A5. Adolescent Immunization (% 13 year olds receiving Combo. 1 vaccinations)</b>					
Blue Cross -RI			49.6%	49.6%	0%
Coordinated Health Partners			44.1%	44.1%	0%
UnitedHealthcare -NE			44.0%	65.9%	50%
Blue Cross -MA				58.6%	---
Benchmarks	Rhode Island <sup>1</sup>		47.9%	52.6%	10%
	New England <sup>2</sup>		43.9%	48.7%	11%
	United States <sup>2</sup>		31.0%	37.1%	20%
<b>A6. Cervical Cancer Screening (% women 21-64 having a PAP smear)</b>					
Blue Cross -RI				79.9%	---
Coordinated Health Partners				84.2%	---
UnitedHealthcare -NE				80.1%	---
Blue Cross -MA				85.9%	---
Benchmarks	Rhode Island <sup>1</sup>			80.7%	---
	New England <sup>2</sup>			83.6%	---
	United States <sup>2</sup>			78.9%	---

CAGR Compounded Annual Growth Rate

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

**APPX. A Cont. Additional Commercial Health Plan Measures**

		1998	1999	2000	CAGR
A7. Chlamydia Screening in Women (% women 16-26 having chlamydia test)					
Blue Cross -RI				26.6%	---
Coordinated Health Partners				25.8%	---
UnitedHealthcare -NE				26.9%	---
Blue Cross -MA				17.1%	---
Benchmarks	Rhode Island <sup>1</sup>			26.2%	---
	New England <sup>2</sup>			25.8%	---
	United States <sup>2</sup>			21.3%	---
A8. Follow-up for Mental Illness (% members 6+ having visit w/in 30 days)					
Blue Cross -RI				61.6%	---
Coordinated Health Partners				67.6%	---
UnitedHealthcare -NE				82.4%	---
Blue Cross -MA				86.9%	---
Benchmarks	Rhode Island <sup>1</sup>			67.6%	---
	New England <sup>2</sup>			79.2%	---
	United States <sup>2</sup>			70.3%	---
A9. Antidepressant Medication Management (% members 18+ receiving care)					
Blue Cross -RI		New 2000 measure not-reported due to inadvertent NCQA methodology omission			---
Coordinated Health Partners					---
UnitedHealthcare -NE					---
Blue Cross -MA					---
Rhode Island <sup>1</sup>					---
A10. Practitioner Turnover (% of primary care physicians leaving the Plan)					
Blue Cross -RI		4.0%	3.8%	5.8%	21%
Coordinated Health Partners		2.4%	5.1%	5.7%	55%
UnitedHealthcare -NE		4.0%	n/r	n/r	---
Blue Cross -MA				6.5%	---
Benchmarks	Rhode Island <sup>1</sup>	3.9%	3.9%	5.8%	22%
	New England <sup>2</sup>	4.2%	6.1%	6.5%	25%
	United States <sup>2</sup>	7.0%	8.0%	8.8%	12%
A11. Member Satisfaction with Office Staff (% 'satisfied')					
Blue Cross -RI			94.9%	93.7%	-1%
Coordinated Health Partners			92.9%	93.0%	0%
UnitedHealthcare -NE			92.7%	93.7%	1%
Blue Cross -MA				93.9%	---
Benchmarks	Rhode Island <sup>1</sup>		94.3%	93.6%	-1%
	New England <sup>2</sup>		93.5%	93.1%	0%
	United States <sup>2</sup>		91.3%	91.5%	0%
A12. Member Satisfaction with Customer Service (% 'satisfied')					
Blue Cross -RI			70.7%	67.7%	-4%
Coordinated Health Partners			67.9%	71.3%	5%
UnitedHealthcare -NE			70.4%	73.2%	4%
Blue Cross -MA				75.8%	---
Benchmarks	Rhode Island <sup>1</sup>		70.4%	69.6%	-1%
	New England <sup>2</sup>		64.2%	68.7%	7%
	United States <sup>2</sup>		63.8%	66.2%	4%

CAGR Compounded Annual Growth Rate

n/r not reported, information was required but not reported by the Plan

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

**APPX. A Cont. Additional Commercial Health Plan Measures**

		1998	1999	2000	CAGR
<b>A13. Member Satisfaction with Getting Care Quickly (% 'satisfied')</b>					
Blue Cross -RI			83.6%	82.7%	-1%
Coordinated Health Partners			83.4%	83.8%	1%
UnitedHealthcare -NE			83.4%	83.8%	0%
Blue Cross -MA				82.7%	---
<b>Benchmarks</b>	Rhode Island <sup>1</sup>		83.5%	83.1%	-1%
	New England <sup>2</sup>		83.1%	82.9%	0%
	United States <sup>2</sup>		78.6%	78.8%	0%
<b>A14. Member Satisfaction with Getting Needed Care (% 'satisfied')</b>					
Blue Cross -RI			89.9%	90.8%	1%
Coordinated Health Partners			79.8%	83.0%	4%
UnitedHealthcare -NE			83.6%	86.8%	4%
Blue Cross -MA				85.0%	---
<b>Benchmarks</b>	Rhode Island <sup>1</sup>		87.7%	88.8%	1%
	New England <sup>2</sup>		78.1%	79.6%	2%
	United States <sup>2</sup>		74.5%	76.1%	2%
<b>A15. Member Satisfaction with Doctors' Communication (% 'satisfied')</b>					
Blue Cross -RI			92.8%	94.4%	2%
Coordinated Health Partners			90.9%	92.6%	2%
UnitedHealthcare -NE			92.7%	92.4%	0%
Blue Cross -MA				91.8%	---
<b>Benchmarks</b>	Rhode Island <sup>1</sup>		92.6%	93.7%	1%
	New England <sup>2</sup>		91.9%	91.9%	0%
	United States <sup>2</sup>		89.5%	90.2%	1%

CAGR Compounded Annual Growth Rate

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> Source: "Quality Compass", National Committee for Quality Assurance (NCQA)

## APPENDIX B. Medicare Health Plan Measures

	1998	1999	2000	CAGR
<b>B1. RI Enrollment in Medicare Health Plans</b>				
Coordinated Health Partners	15,442	29,913	35,517	52%
UnitedHealthcare -NE	22,691	22,267	22,031	-1%
Rhode Island <sup>1</sup>	38,133	52,180	57,549	23%
<b>B2. RI Market Shares of Medicare Health Plans</b>				
Coordinated Health Partners	40%	57%	62%	23%
UnitedHealthcare -NE	60%	43%	38%	-20%
Rhode Island <sup>1</sup>	100%	100%	100%	---
<b>B3. RI Gender Demographics of Medicare Health Plans</b>				
Coordinated Health Prtns.	Male	40.7%	40.7%	0%
	Female	59.3%	59.3%	0%
UnitedHealthcare -NE	Male	42.5%	41.8%	-2%
	Female	57.5%	58.2%	1%
Rhode Island <sup>1</sup>	Male	41.5%	41.1%	-1%
	Female	58.5%	58.9%	1%
<b>B4. RI Age Demographics of Medicare Health Plans</b>				
Coordinated Health Prtns.	Age <20 years	0.0%	0.0%	---
	Age 20-44 years	0.9%	0.8%	-14%
	Age 45-64 years	5.5%	5.5%	0%
	Age 65+ years	93.6%	93.7%	0%
UnitedHealthcare -NE	Age <20 years	0.0%	0.0%	---
	Age 20-44 years	0.9%	0.8%	-4%
	Age 45-64 years	5.5%	5.3%	-3%
	Age 65+ years	93.6%	93.8%	0%
Rhode Island <sup>1</sup>	Age <20 years	0.0%	0.0%	---
	Age 20-44 years	0.9%	0.8%	-10%
	Age 45-64 years	5.5%	5.4%	-1%
	Age 65+ years	93.6%	93.8%	0%
<b>B5. Total Enrollment in Medicare Health Plans</b>				
Coordinated Health Partners	15,442	29,913	35,616	52%
UnitedHealthcare -NE	31,608	37,307	32,381	1%
Rhode Island <sup>1</sup>	47,050	67,220	67,997	20%
<b>B6. Medicare Premium Revenue (PMPM)</b>				
Coordinated Health Partners	\$420	\$453	\$501	9%
UnitedHealthcare -NE	\$424	\$431	\$464	5%
Benchmarks	Rhode Island <sup>2</sup>	\$422	\$444	7%
	New England <sup>3</sup>	\$355	\$454	17%
	United States <sup>3</sup>	\$420	\$466	4%
<b>B7. Medicare Medical Expense Ratios</b>				
Coordinated Health Partners	105.9%	102.0%	91.9%	-7%
UnitedHealthcare -NE	97.7%	92.4%	88.6%	-5%
Rhode Island <sup>2</sup>	101.0%	97.9%	90.6%	-5%
<b>B8. Medicare Profit Margins</b>				
Coordinated Health Partners		-7.5%	2.7%	136%
UnitedHealthcare -NE		-1.8%	1.0%	155%
Rhode Island <sup>2</sup>		-5.1%	2.1%	141%
<b>B9. Medicare Hospital Inpatient Expenses (PMPM)</b>				
Coordinated Health Partners	\$167.67	\$155.06	\$182.80	4%
UnitedHealthcare -NE	\$143.58	\$154.93	\$174.64	10%
Rhode Island <sup>2</sup>	\$153.34	\$155.00	\$179.68	8%

CAGR Compounded Annual Growth Rate

<sup>1</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

<sup>2</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>3</sup> Source: "Best's Aggregates & Averages, 2001 HMO Ed." (pp 2&12), AM Best Co.



**APPENDIX B Cont. Medicare Health Plan Measures**

	1998	1999	2000	CAGR
<b>B10. Medicare Physician Expenses (PMPM)</b>				
Coordinated Health Partners	\$84.00	\$108.82	\$159.65	38%
UnitedHealthcare -NE	\$104.02	\$98.93	\$116.65	6%
Rhode Island <sup>1</sup>	\$95.91	\$104.60	\$143.19	22%
<b>B11. Medicare Other Professional Expenses (PMPM)</b>				
Coordinated Health Partners	\$34.13	\$29.05	\$73.70	47%
UnitedHealthcare -NE	\$6.98	\$30.06	\$0.00	-100%
Rhode Island <sup>1</sup>	\$17.97	\$29.48	\$45.48	59%
<b>B12. Medicare Pharmaceutical Expenses (PMPM)</b>				
Coordinated Health Partners	\$41.55	\$35.94	\$33.48	-10%
UnitedHealthcare -NE	\$18.07	\$15.83	\$10.61	-23%
Rhode Island <sup>1</sup>	\$27.58	\$27.36	\$24.73	-5%
<b>B13. Medicare Substance Abuse Expenses (PMPM)</b>				
Coordinated Health Partners	\$0.39	\$0.22	\$0.34	-6%
UnitedHealthcare -NE	\$0.62	\$1.58	\$0.15	-51%
Rhode Island <sup>1</sup>	\$0.53	\$0.80	\$0.27	-29%
<b>B14. Medicare Mental Health Expenses (PMPM)</b>				
Coordinated Health Partners	\$3.21	\$6.40	\$6.41	41%
UnitedHealthcare -NE	\$3.81	\$4.25	\$4.54	9%
Rhode Island <sup>1</sup>	\$3.57	\$5.48	\$5.69	26%
<b>B15. Medicare Health Education Expenses (PMPM)</b>				
Coordinated Health Partners	\$0.14	n/r	\$0.27	39%
UnitedHealthcare -NE	\$0.50	\$0.62	\$1.10	49%
Rhode Island <sup>1</sup>	\$0.35	\$0.62	\$0.59	29%
<b>B16. Medicare Administrative Expenses (PMPM)</b>				
Coordinated Health Partners	\$53.61	\$39.43	\$37.76	-16%
UnitedHealthcare -NE	\$27.99	\$47.45	\$48.24	31%
Rhode Island <sup>1</sup>	\$38.36	\$42.85	\$41.77	4%
<b>B17. Medicare Hospital Days per 1,000 Members</b>				
Coordinated Health Partners	1,275	1,347	1,516	9%
UnitedHealthcare -NE	1,582	1,456	1,390	-6%
Rhode Island <sup>1</sup>	1,457	1,394	1,468	0%
<b>B18. Medicare Hospital Discharges per 1,000 Members</b>				
Coordinated Health Partners	214	253	269	12%
UnitedHealthcare -NE	257	254	257	0%
Rhode Island <sup>1</sup>	240	253	265	5%
<b>B19. Medicare Average Length of Stay</b>				
Coordinated Health Partners	5.9	5.4	5.6	-2%
UnitedHealthcare -NE	6.2	5.7	5.4	-7%
Rhode Island <sup>1</sup>	6.1	5.5	5.5	-5%
<b>B20. Medicare ER Visits per 1,000 Members</b>				
Coordinated Health Partners	248	239	263	3%
UnitedHealthcare -NE	209	213	229	5%
Rhode Island <sup>1</sup>	225	228	250	5%
<b>B21. Medicare Mental Health Utilization (% of members accessing services)</b>				
Coordinated Health Partners	4.6%	4.3%	4.8%	2%
UnitedHealthcare -NE	4.5%	4.1%	3.9%	-7%
Rhode Island <sup>1</sup>	4.5%	4.2%	4.5%	-1%

CAGR Compounded Annual Growth Rate

n/r not reported, information was required but not reported by the Plan

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

APPENDIX B Cont. Medicare Health Plan Measures				
	1998	1999	2000	CAGR
B22. Medicare Substance Abuse Utilization (% of members accessing services)				
Coordinated Health Partners	0.7%	0.2%	0.3%	-35%
UnitedHealthcare -NE	0.2%	0.2%	0.2%	0%
Rhode Island <sup>1</sup>	0.4%	0.2%	0.3%	-19%
B23. Medicare Cholesterol Management (% of members screened after MI)				
Coordinated Health Partners		81.8%	83.3%	2%
UnitedHealthcare -NE		69.0%	78.8%	14%
Rhode Island <sup>1</sup>		76.3%	81.6%	7%
B24. Medicare Controlling High Blood Pressure (% under control)				
Coordinated Health Partners		43.5%	57.4%	32%
UnitedHealthcare -NE		28.7%	51.6%	80%
Rhode Island <sup>1</sup>		37.2%	55.2%	48%
B25. Medicare Diabetes Care (% of diabetic members having eye exam)				
Coordinated Health Partners		70.1%	70.1%	0%
UnitedHealthcare -NE		64.2%	75.4%	17%
Rhode Island <sup>1</sup>		67.6%	72.1%	7%
B26. Medicare Advising Smokers to Quit (% of smokers advised to quit)				
Coordinated Health Partners	n/a		n/a	---
UnitedHealthcare -NE	72.0%		56.0%	-12%
Rhode Island <sup>1</sup>	72.0%		56.0%	-12%
B27. Medicare Breast Cancer Screening (% of women having a mammogram)				
Coordinated Health Partners	n/a		81.2%	---
UnitedHealthcare -NE	83.0%		75.8%	-4%
Rhode Island <sup>1</sup>	83.0%		79.1%	-2%
B28. Medicare Beta Blocker Treatment (% of MI members getting BB Rx)				
Coordinated Health Partners		95.0%	93.2%	-2%
UnitedHealthcare -NE		98.0%	92.7%	-5%
Rhode Island <sup>1</sup>		96.3%	93.0%	-3%
B29. Medicare Follow-up for Mental Illness (% of members having visit)				
Coordinated Health Partners			58.1%	---
UnitedHealthcare -NE			57.1%	---
Rhode Island <sup>1</sup>			57.7%	---
B30. M/C Antidepressant Med. Mgmt. (% depressed members w/'optimal' care)				
Coordinated Health Partners	New 2000 measure not-reported due to			---
UnitedHealthcare -NE	inadvertent NCQA methodology omission			---
Rhode Island <sup>1</sup>				---
B31. Medicare Practitioner Turnover (% of primary care docs leaving Plan)				
Coordinated Health Partners	2.9%	9.6%	8.3%	69%
UnitedHealthcare -NE	4.0%	n/r	n/r	---
Rhode Island <sup>1</sup>	3.6%	9.6%	8.3%	53%
B32. Medicare Ethnicity Demographics of CAHPS Respondents				
Coordinated Health Prtns.	Hispanic		2.5%	---
	Not Hispanic		97.5%	---
UnitedHealthcare -NE	Hispanic		0.9%	---
	Not Hispanic		99.1%	---
Rhode Island <sup>2</sup>	Hispanic		1.7%	---
	Not Hispanic		98.3%	---

CAGR Compounded Annual Growth Rate

n/r not reported (information was required but not reported by the Plan)

n/a not available (information was not statistically significant)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

APPENDIX B Cont. Medicare Health Plan Measures					
		1998	1999	2000	CAGR
B33. Medicare Racial Demographics of CAHPS Respondents					
Coordinated Health Prtns.	Native Indian			1.2%	---
	Asian			0.5%	---
	African American			1.9%	---
	Pacific Islander			0.2%	---
	White			96.2%	---
UnitedHealthcare -NE	Native Indian			1.0%	---
	Asian			0.4%	---
	African American			1.7%	---
	Pacific Islander			0.0%	---
	White			96.9%	---
Rhode Island <sup>1</sup>	Native Indian			1.1%	---
	Asian			0.4%	---
	African American			1.8%	---
	Pacific Islander			0.1%	---
	White			96.6%	---
B34. Medicare Members' Satisfaction with Doctor (% 'satisfied')					
Coordinated Health Partners			68.0%	64.5%	-5%
UnitedHealthcare -NE			66.0%	63.0%	-5%
Benchmarks	Rhode Island <sup>2</sup>		67.1%	63.9%	-5%
	United States <sup>3</sup>		54.0%	---	---
B35. Medicare Members' Satisfaction with Specialist (% 'satisfied')					
Coordinated Health Partners			68.0%	64.6%	-5%
UnitedHealthcare -NE			67.0%	61.0%	-9%
Benchmarks	Rhode Island <sup>2</sup>		67.6%	63.2%	-6%
	United States <sup>3</sup>		54.0%	---	---
B36. Medicare Members' Satisfaction with Healthcare (% 'satisfied')					
Coordinated Health Partners			64.0%	60.2%	-6%
UnitedHealthcare -NE			64.0%	62.0%	-3%
Benchmarks	Rhode Island <sup>2</sup>		64.0%	60.9%	-5%
	United States <sup>3</sup>		52.0%	---	---
B37. Medicare Members' Satisfaction with Health Plan (% 'satisfied')					
Coordinated Health Partners			56.0%	42.0%	-25%
UnitedHealthcare -NE			59.0%	51.0%	-14%
Benchmarks	Rhode Island <sup>2</sup>		57.3%	45.4%	-21%
	United States <sup>3</sup>		47.0%	---	---
B38. Medicare Members' Satisfaction with Office Staff (% 'satisfied')					
Coordinated Health Partners			89.0%	84.3%	-5%
UnitedHealthcare -NE			87.0%	84.0%	-3%
Benchmarks	Rhode Island <sup>2</sup>		88.1%	84.2%	-5%
	United States <sup>3</sup>		81.0%	---	---
B39. Medicare Members' Satisfaction with Customer Service (% 'satisfied')					
Coordinated Health Partners			70.0%	71.0%	1%
UnitedHealthcare -NE			76.0%	75.0%	-1%
Benchmarks	Rhode Island <sup>2</sup>		72.6%	72.5%	0%
	United States <sup>3</sup>		68.0%	---	---

CAGR: Compounded Annual Growth Rate

<sup>1</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)<sup>2</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>3</sup> "Annual Report of the CAHPS Benchmarking Database -2000", Agency for Healthcare Research & Quality

APPENDIX B Cont. Medicare Health Plan Measures				
	1998	1999	2000	CAGR
<b>B40. Medicare Members' Satisfaction with Getting Care Quickly (% 'satisfied')</b>				
Coordinated Health Partners		71.0%	60.5%	-15%
UnitedHealthcare -NE		67.0%	64.0%	-4%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	69.3%	61.8%	-11%
	United States <sup>2</sup>	61.0%	---	---
<b>B41. Medicare Members' Satisfaction with Getting Needed Care (% 'satisfied')</b>				
Coordinated Health Partners		91.0%	88.6%	-3%
UnitedHealthcare -NE		91.0%	91.0%	0%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	91.0%	89.5%	-2%
	United States <sup>2</sup>	84.0%	---	---
<b>B42. Medicare Members' Satisfaction with Dr.s' Communication (% 'satisfied')</b>				
Coordinated Health Partners		80.0%	75.1%	-6%
UnitedHealthcare -NE		75.0%	73.0%	-3%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	77.9%	74.3%	-5%
	United States <sup>2</sup>	70.0%	---	---
<b>B43. Medicare Prior Authorization Denials (request for services denied)</b>				
<b>Substance Abuse Services:</b>				
Coord. Health Partners	Service Requests	45	932	49
	% Denied	0.0%	0.0%	0.0%
UnitedHealthcare -NE	Service Requests	168	27	18
	% Denied	0.0%	0.0%	0.0%
Rhode Island <sup>3</sup>	Service Requests	213	959	67
	% Denied	0.0%	0.0%	0.0%
<b>Mental Health Services:</b>				
Coord. Health Partners	Service Requests	584	3,175	1,001
	% Denied	0.0%	0.0%	0.0%
UnitedHealthcare -NE	Service Requests	1,687	950	494
	% Denied	0.0%	0.1%	1.4%
Rhode Island <sup>3</sup>	Service Requests	2,271	4,125	1,495
	% Denied	0.0%	0.0%	0.5%
<b>All Services:</b>				
Coord. Health Partners	Service Requests	3,835	16,566	14,321
	% Denied	1.3%	1.6%	2.0%
UnitedHealthcare -NE	Service Requests	20,576	11,818	7,596
	% Denied	1.6%	0.3%	0.3%
Rhode Island <sup>3</sup>	Service Requests	24,411	28,384	21,917
	% Denied	1.6%	1.1%	1.4%

CAGR Compounded Annual Growth Rate

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>2</sup> "Annual Report of the CAHPS Benchmarking Database -2000", Agency for Healthcare Research & Quality

<sup>3</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

APPENDIX B Cont. Medicare Health Plan Measures					
		1998	1999	2000	CAGR
<b>B44. Medicare Adverse Decisions (request for payment denied)</b>					
<b>Substance Abuse Services:</b>					
Coord. Health Partners	Payment Requests	54	66	23	-35%
	% Denied	0.0%	0.0%	0.0%	---
UnitedHealthcare -NE	Payment Requests	152	80	83	-26%
	% Denied	0.0%	1.3%	0.0%	---
Rhode Island <sup>1</sup>	Payment Requests	206	146	106	-28%
	% Denied	0.0%	0.7%	0.0%	---
<b>Mental Health Services:</b>					
Coord. Health Partners	Payment Requests	1,082	1,158	593	-26%
	% Denied	0.0%	0.2%	3.2%	---
UnitedHealthcare -NE	Payment Requests	1,502	1,134	1,084	-15%
	% Denied	0.0%	0.2%	0.1%	---
Rhode Island <sup>1</sup>	Payment Requests	2,584	2,292	1,677	-19%
	% Denied	0.0%	0.2%	1.2%	---
<b>All Services:</b>					
Coord. Health Partners	Payment Requests	6,395	8,518	10,435	28%
	% Denied	0.6%	5.2%	4.9%	184%
UnitedHealthcare -NE	Payment Requests	37,563	22,009	47,337	12%
	% Denied	1.2%	0.3%	0.8%	-18%
Rhode Island <sup>1</sup>	Payment Requests	43,958	30,527	57,772	15%
	% Denied	1.1%	1.7%	1.6%	17%
<b>B45. Medicare Successful Appeals (appeal 'overturned' in favor of the member)</b>					
<b>Substance Abuse Services:</b>					
Coord. Health Partners	Appeals	0	0	3	---
	% Successful	---	---	33.3%	---
UnitedHealthcare -NE	Appeals	0	0	0	---
	% Successful	---	---	---	---
Rhode Island <sup>1</sup>	Appeals	0	0	3	---
	% Successful	---	---	33.3%	---
<b>Mental Health Services:</b>					
Coord. Health Partners	Appeals	0	1	13	---
	% Successful	---	0.0%	23.1%	---
UnitedHealthcare -NE	Appeals	0	0	0	---
	% Successful	---	---	---	---
Rhode Island <sup>1</sup>	Appeals	0	1	13	---
	% Successful	---	0.0%	23.1%	---
<b>All Services:</b>					
Coord. Health Partners	Appeals	16	173	175	231%
	% Successful	37.5%	30.1%	34.3%	-4%
UnitedHealthcare -NE	Appeals	0	48	18	---
	% Successful	---	68.8%	22.2%	---
Rhode Island <sup>1</sup>	Appeals	16	221	193	247%
	% Successful	37.5%	38.5%	33.2%	-6%

CAGR Compounded Annual Growth Rate

<sup>1</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

## APPENDIX C. Medicaid Health Plan Measures

	1998	1999	2000	CAGR
<b>C1. RI Enrollment in Medicaid Health Plans</b>				
Neighborhood Health Plan -RI	26,281	29,008	54,889	45%
UnitedHealthcare -NE	36,529	45,098	43,423	9%
Rhode Island <sup>1</sup>	62,810	74,106	98,312	25%
<b>C2. RI Market Shares of Medicaid Health Plans</b>				
Neighborhood Health Plan -RI	42%	39%	56%	16%
UnitedHealthcare -NE	58%	61%	44%	-13%
Rhode Island <sup>1</sup>	100%	100%	100%	---
<b>C3. RI Gender Demographics of Medicaid Health Plans</b>				
Neighborhood H. P.	Male	38.7%	39.8%	3%
	Female	61.3%	60.2%	-2%
UnitedHealthcare -NE	Male	37.7%	38.6%	2%
	Female	62.3%	61.4%	-2%
Rhode Island <sup>1</sup>	Male	38.1%	39.3%	3%
	Female	61.9%	60.7%	-2%
<b>C4. RI Age Demographics of Medicaid Health Plans</b>				
Neighborhood H. P.	Age <20 years	68.5%	66.5%	-3%
	Age 20-44 years	28.6%	30.1%	5%
	Age 45-64 years	2.9%	3.3%	13%
	Age 65+ years	0.0%	0.1%	29%
UnitedHealthcare -NE	Age <20 years	66.5%	65.6%	-1%
	Age 20-44 years	30.8%	31.1%	1%
	Age 45-64 years	2.7%	3.3%	22%
	Age 65+ years	0.0%	0.1%	62%
Rhode Island <sup>1</sup>	Age <20 years	67.3%	66.1%	-2%
	Age 20-44 years	29.9%	30.5%	2%
	Age 45-64 years	2.8%	3.3%	18%
	Age 65+ years	0.0%	0.1%	49%
<b>C5. Total Enrollment in Medicaid Health Plans</b>				
Neighborhood Health Plan -RI	26,281	29,008	54,889	45%
UnitedHealthcare -NE	36,529	45,422	43,530	9%
Rhode Island <sup>1</sup>	62,810	74,430	98,419	25%
<b>C6. Medicaid Premium Revenue (PMPM)</b>				
Neighborhood Health Plan -RI	\$122	\$121	\$128	3%
UnitedHealthcare -NE	\$126	\$123	\$114	-5%
Benchmarks	Rhode Island <sup>2</sup>	\$124	\$122	-1%
	New England <sup>3</sup>	\$120	\$157	2%
	United States <sup>3</sup>	\$118	\$131	12%
<b>C7. Medicaid Medical Expense Ratios</b>				
Neighborhood Health Plan -RI	86.4%	85.3%	89.1%	2%
UnitedHealthcare -NE	88.4%	83.6%	90.2%	1%
Rhode Island <sup>2</sup>	87.6%	84.3%	89.6%	1%
<b>C8. Medicaid Profit Margins</b>				
Neighborhood Health Plan -RI		0.7%	1.3%	90%
UnitedHealthcare -NE		0.8%	-0.6%	-176%
Rhode Island <sup>2</sup>		0.8%	0.5%	-39%
<b>C9. Medicaid Hospital Inpatient Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	\$41.16	\$36.47	\$48.75	9%
UnitedHealthcare -NE	\$36.39	\$30.22	\$25.08	-17%
Rhode Island <sup>2</sup>	\$38.39	\$32.67	\$38.30	0%

CAGR: Compounded Annual Growth Rate

<sup>1</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

<sup>2</sup> Weighted average (based on RI enrollment) of all Plans' values

<sup>3</sup> Source: "Best's Aareeqates & Averages, 2001 HMO Ed." (pp 2&12). AM Best Co.

<b>APPENDIX C Cont. Medicaid Health Plan Measures</b>				
	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>C10. Medicaid Physician Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	\$31.90	\$14.99	\$16.98	-27%
UnitedHealthcare -NE	\$23.12	\$23.75	\$24.54	3%
Rhode Island <sup>1</sup>	\$26.79	\$20.32	\$20.32	-13%
<b>C11. Medicaid Other Professional Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	\$10.72	\$23.21	\$19.35	34%
UnitedHealthcare -NE	\$1.79	\$3.46	\$0.07	-80%
Rhode Island <sup>1</sup>	\$5.53	\$11.19	\$10.83	40%
<b>C12. Medicaid Pharmaceutical Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	\$11.73	\$13.57	\$16.41	18%
UnitedHealthcare -NE	\$10.83	\$12.84	\$17.49	27%
Rhode Island <sup>1</sup>	\$11.21	\$13.13	\$16.89	23%
<b>C13. Medicaid Substance Abuse Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	n/r	n/r	\$2.02	---
UnitedHealthcare -NE	\$1.05	\$1.87	\$2.10	41%
Rhode Island <sup>1</sup>	\$1.05	\$1.87	\$2.05	40%
<b>C14. Medicaid Mental Health Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	n/r	n/r	\$6.39	---
UnitedHealthcare -NE	\$6.48	\$5.90	\$5.67	-6%
Rhode Island <sup>1</sup>	\$6.48	\$5.90	\$6.07	-3%
<b>C15. Medicaid Health Education Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	n/r	n/r	\$0.03	---
UnitedHealthcare -NE	\$0.41	\$0.45	\$0.63	24%
Rhode Island <sup>1</sup>	\$0.41	\$0.45	\$0.29	-15%
<b>C16. Medicaid Administrative Expenses (PMPM)</b>				
Neighborhood Health Plan -RI	\$15.93	\$17.58	\$13.25	-9%
UnitedHealthcare -NE	\$12.81	\$13.88	\$12.95	1%
Rhode Island <sup>1</sup>	\$14.12	\$15.33	\$13.12	-4%
<b>C17. Medicaid Hospital Days per 1,000 Members</b>				
Neighborhood Health Plan -RI	255	292	305	9%
UnitedHealthcare -NE	335	267	204	-22%
Rhode Island <sup>1</sup>	301	276	260	-7%
<b>C18. Medicaid Hospital Discharges per 1,000 Members</b>				
Neighborhood Health Plan -RI	78	93	98	13%
UnitedHealthcare -NE	97	86	68	-16%
Rhode Island <sup>1</sup>	89	88	85	-2%
<b>C19. Medicaid Average Length of Stay</b>				
Neighborhood Health Plan -RI	3.3	3.1	3.1	-3%
UnitedHealthcare -NE	3.4	3.1	3.0	-6%
Rhode Island <sup>1</sup>	3.4	3.1	3.1	-5%
<b>C20. Medicaid ER Visits per 1,000 Members</b>				
Neighborhood Health Plan -RI	423	470	384	-5%
UnitedHealthcare -NE	579	526	544	-3%
Rhode Island <sup>1</sup>	514	504	455	-6%
<b>C21. Medicaid Mental Health Utilization (% of members accessing services)</b>				
Neighborhood Health Plan -RI	5.7%	5.3%	5.4%	-3%
UnitedHealthcare -NE	8.6%	8.4%	8.4%	-1%
Rhode Island <sup>1</sup>	7.4%	7.2%	6.7%	-5%

CAGR Compounded Annual Growth Rate

n/r not reported, information was required but not reported by the Plan

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values

<b>APPENDIX C Cont. Medicaid Health Plan Measures</b>				
	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>C22. Medicaid Substance Abuse Utilization (% of members accessing services)</b>				
Neighborhood Health Plan -RI	1.6%	1.6%	0.9%	-24%
UnitedHealthcare -NE	0.5%	1.1%	0.9%	34%
Rhode Island <sup>1</sup>	1.0%	1.3%	0.9%	-2%
<b>C23. Medicaid Well Child Visits (% of 3-6 year olds receiving visit)</b>				
Neighborhood Health Plan -RI			76.8%	---
UnitedHealthcare -NE			71.0%	---
Rhode Island <sup>1</sup>			74.3%	---
<b>C24. Medicaid Adolescent Well-Care Visits (% 12-21 year olds receiving visit)</b>				
Neighborhood Health Plan -RI			53.4%	---
UnitedHealthcare -NE			48.2%	---
Rhode Island <sup>1</sup>			51.1%	---
<b>C25. Medicaid VBAC Rate (Vaginal Birth After C-section rates)</b>				
Neighborhood Health Plan -RI			35.8%	---
UnitedHealthcare -NE			29.2%	---
Rhode Island <sup>1</sup>			32.9%	---
<b>C26. Medicaid Cholesterol Management (% of members screened after MI)</b>				
Neighborhood Health Plan -RI		n/a	n/a	---
UnitedHealthcare -NE		n/a	n/a	---
Rhode Island <sup>1</sup>		---	---	---
<b>C27. Medicaid Controlling High Blood Pressure (% under control)</b>				
Neighborhood Health Plan -RI		41.8%	57.8%	38%
UnitedHealthcare -NE		31.4%	43.1%	37%
Rhode Island <sup>1</sup>		35.5%	51.3%	45%
<b>C28. Medicaid Diabetes Care (% of diabetic members having eye exam)</b>				
Neighborhood Health Plan -RI		37.7%	44.9%	19%
UnitedHealthcare -NE		39.0%	48.2%	24%
Rhode Island <sup>1</sup>		38.5%	46.3%	20%
<b>C29. Medicaid Advising Smokers to Quit (% of smokers advised to quit)</b>				
Neighborhood Health Plan -RI	59.8%		68.5%	7%
UnitedHealthcare -NE	70.0%		67.7%	-2%
Rhode Island <sup>1</sup>	65.7%		68.2%	2%
<b>C30. Medicaid Breast Cancer Screening (% of women having a mammogram)</b>				
Neighborhood Health Plan -RI	56.1%		58.1%	2%
UnitedHealthcare -NE	59.0%		63.9%	4%
Rhode Island <sup>1</sup>	57.8%		60.7%	2%
<b>C31. Medicaid Beta Blocker Treatment (% of MI members getting BB Rx)</b>				
Neighborhood Health Plan -RI		n/a	n/a	---
UnitedHealthcare -NE		80.0%	n/a	---
Rhode Island <sup>1</sup>		80.0%	---	---
<b>C32. Medicaid Childhood Immunization (% of 2 yr. olds immunized)</b>				
Neighborhood Health Plan -RI	67.2%	75.2%	72.1%	4%
UnitedHealthcare -NE	64.0%	57.4%	74.2%	8%
Rhode Island <sup>1</sup>	65.3%	64.4%	73.0%	6%
<b>C33. Medicaid Adolescent Immunization (% of 13 yr. olds immunized)</b>				
Neighborhood Health Plan -RI		44.5%	56.5%	27%
UnitedHealthcare -NE		38.4%	55.2%	44%
Rhode Island <sup>1</sup>		40.8%	55.9%	37%

CAGR Compounded Annual Growth Rate

n/a not available (information was not statistically significant)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values



<b>APPENDIX C Cont. Medicaid Health Plan Measures</b>				
	1998	1999	2000	CAGR
<b>C34. Medicaid Cervical Cancer Screening (% of women having a PAP Smear)</b>				
Neighborhood Health Plan -RI			75.0%	---
UnitedHealthcare -NE			78.5%	---
Rhode Island <sup>1</sup>			76.5%	---
<b>C35. Medicaid Chlamydia Screening in Women (% having chlamydia test)</b>				
Neighborhood Health Plan -RI			51.2%	---
UnitedHealthcare -NE			50.3%	---
Rhode Island <sup>1</sup>			50.8%	---
<b>C36. Medicaid Follow-up for Mental Illness (% of members having visit)</b>				
Neighborhood Health Plan -RI			62.9%	---
UnitedHealthcare -NE			58.6%	---
Rhode Island <sup>1</sup>			61.0%	---
<b>C37. M/A Antidepressant Med. Mgmt. (% depressed members w/'optimal' care)</b>				
Neighborhood Health Plan -RI	New 2000 measure not-reported due to inadvertent NCQA methodology omission			---
UnitedHealthcare -NE				---
Rhode Island <sup>1</sup>				---
<b>C38. Medicaid Prenatal Care (% of women w/prenatal visit in 1st trimester)</b>				
Neighborhood Health Plan -RI			73.5%	---
UnitedHealthcare -NE			82.7%	---
Rhode Island <sup>1</sup>			77.6%	---
<b>C39. Medicaid Postpartum Care (% of women w/postpartum visit after delivery)</b>				
Neighborhood Health Plan -RI			57.2%	---
UnitedHealthcare -NE			58.3%	---
Rhode Island <sup>1</sup>			57.7%	---
<b>C40. Medicaid Practitioner Turnover (% of primary care docs leaving Plan)</b>				
Neighborhood Health Plan -RI	14.5%	1.8%	6.9%	-31%
UnitedHealthcare -NE	4.0%	n/r	n/r	---
Rhode Island <sup>1</sup>	8.4%	1.8%	6.9%	-9%
<b>C41. Medicaid Ethnicity Demographics of CAHPS Respondents</b>				
Neighborhood H. P.	Hispanic		30.1%	---
	Not Hispanic		69.9%	---
UnitedHealthcare -NE	Hispanic		23.8%	---
	Not Hispanic		76.2%	---
Rhode Island <sup>2</sup>	Hispanic		26.5%	---
	Not Hispanic		73.5%	---
<b>C42. Medicaid Racial Demographics of CAHPS Respondents</b>				
Neighborhood H. P.	Native Indian		7.1%	---
	Asian		5.8%	---
	African American		15.9%	---
	Pacific Islander		2.3%	---
	White		68.8%	---
UnitedHealthcare -NE	Native Indian		3.3%	---
	Asian		4.5%	---
	African American		11.9%	---
	Pacific Islander		0.5%	---
	White		79.7%	---
Rhode Island <sup>2</sup>	Native Indian		5.0%	---
	Asian		5.1%	---
	African American		13.6%	---
	Pacific Islander		1.2%	---
	White		75.1%	---

CAGR Compounded Annual Growth Rate; n/r not reported (information was required but not reported by the Plan)

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

<b>APPENDIX C Cont. Medicaid Health Plan Measures</b>				
	1998	1999	2000	CAGR
<b>C43. Medicaid Members' Satisfaction with Doctor (% 'satisfied')</b>				
Neighborhood Health Plan -RI		80.0%	78.2%	-2%
UnitedHealthcare -NE		77.3%	82.0%	6%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	78.4%	79.9%	2%
	United States <sup>2</sup>	---	60.0%	---
<b>C44. Medicaid Members' Satisfaction with Specialist (% 'satisfied')</b>				
Neighborhood Health Plan -RI		75.0%	75.7%	1%
UnitedHealthcare -NE		80.8%	76.1%	-6%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	78.5%	75.8%	-3%
	United States <sup>2</sup>	---	61.0%	---
<b>C45. Medicaid Members' Satisfaction with Healthcare (% 'satisfied')</b>				
Neighborhood Health Plan -RI		69.0%	71.6%	4%
UnitedHealthcare -NE		74.1%	75.5%	2%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	72.1%	73.3%	2%
	United States <sup>2</sup>	---	53.0%	---
<b>C46. Medicaid Members' Satisfaction with Health Plan (% 'satisfied')</b>				
Neighborhood Health Plan -RI		78.0%	77.4%	-1%
UnitedHealthcare -NE		74.2%	79.6%	7%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	75.7%	78.4%	4%
	United States <sup>2</sup>	---	48.0%	---
<b>C47. Medicaid Members' Satisfaction with Office Staff (% 'satisfied')</b>				
Neighborhood Health Plan -RI		87.0%	88.0%	1%
UnitedHealthcare -NE		89.5%	88.4%	-1%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	88.5%	88.2%	0%
	United States <sup>2</sup>	---	67.0%	---
<b>C48. Medicaid Members' Satisfaction with Customer Service (% 'satisfied')</b>				
Neighborhood Health Plan -RI		64.0%	77.2%	21%
UnitedHealthcare -NE		80.4%	77.1%	-4%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	74.0%	77.2%	4%
	United States <sup>2</sup>	---	60.0%	---
<b>C49. Medicaid Members' Satisfaction with Getting Care Quickly (% 'satisfied')</b>				
Neighborhood Health Plan -RI		70.0%	77.8%	11%
UnitedHealthcare -NE		78.6%	79.3%	1%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	75.2%	78.5%	4%
	United States <sup>2</sup>	---	48.0%	---
<b>C50. Medicaid Members' Satisfaction with Getting Needed Care (% 'satisfied')</b>				
Neighborhood Health Plan -RI		72.0%	75.3%	5%
UnitedHealthcare -NE		79.7%	80.5%	1%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	76.7%	77.6%	1%
	United States <sup>2</sup>	---	71.0%	---
<b>C51. Medicaid Members' Satisfaction with Dr.s' Communication (% 'satisfied')</b>				
Neighborhood Health Plan -RI		88.0%	87.6%	-1%
UnitedHealthcare -NE		88.2%	88.4%	0%
<b>Benchmarks</b>	Rhode Island <sup>1</sup>	88.1%	87.9%	0%
	United States <sup>2</sup>	---	62.0%	---

CAGR Compounded Annual Growth Rate

<sup>1</sup> Weighted average (based on RI enrollment) of all Plans' values<sup>2</sup> "Annual Report of the CAHPS Benchmarking Database -2000". Agency for Healthcare Research & Quality

APPENDIX C Cont. Medicaid Health Plan Measures					
		1998	1999	2000	CAGR
<b>C52. Medicaid Prior Authorization Denials (request for services denied)</b>					
<b>Substance Abuse Services:</b>					
Neighborhood H. P.	Service Requests	151	122	287	38%
	% Denied	15.2%	0.0%	0.0%	-100%
UnitedHealthcare -NE	Service Requests	562	422	310	-26%
	% Denied	0.2%	0.5%	1.9%	230%
Rhode Island <sup>1</sup>	Service Requests	713	544	597	-8%
	% Denied	3.4%	0.4%	1.0%	-45%
<b>Mental Health Services:</b>					
Neighborhood H. P.	Service Requests	3,139	2,092	5,241	29%
	% Denied	0.1%	0.0%	0.0%	-100%
UnitedHealthcare -NE	Service Requests	5,623	5,648	3,777	-18%
	% Denied	0.0%	0.1%	0.1%	---
Rhode Island <sup>1</sup>	Service Requests	8,762	7,740	9,018	1%
	% Denied	0.0%	0.1%	0.0%	14%
<b>All Services:</b>					
Neighborhood H. P.	Service Requests	20,508	27,762	59,997	71%
	% Denied	0.3%	0.1%	0.2%	-31%
UnitedHealthcare -NE	Service Requests	10,463	8,382	5,117	-30%
	% Denied	0.3%	0.3%	0.4%	15%
Rhode Island <sup>1</sup>	Service Requests	30,971	36,144	65,114	45%
	% Denied	0.3%	0.1%	0.2%	-25%
<b>C53. Medicaid Adverse Decisions (request for payment denied)</b>					
<b>Substance Abuse Services:</b>					
Neighborhood H. P.	Payment Requests	117	236	478	102%
	% Denied	0.0%	0.0%	0.0%	---
UnitedHealthcare -NE	Payment Requests	496	1,781	1,438	70%
	% Denied	0.4%	0.3%	0.1%	-41%
Rhode Island <sup>1</sup>	Payment Requests	613	2,017	1,916	77%
	% Denied	0.3%	0.2%	0.1%	-43%
<b>Mental Health Services:</b>					
Neighborhood H. P.	Payment Requests	1,245	3,226	3,691	72%
	% Denied	0.3%	0.0%	0.2%	-18%
UnitedHealthcare -NE	Payment Requests	4,964	3,918	3,628	-15%
	% Denied	0.2%	0.6%	0.7%	111%
Rhode Island <sup>1</sup>	Payment Requests	6,209	7,144	7,319	9%
	% Denied	0.2%	0.3%	0.5%	55%
<b>All Services:</b>					
Neighborhood H. P.	Payment Requests	17,283	22,241	45,290	62%
	% Denied	2.6%	0.1%	0.2%	-75%
UnitedHealthcare -NE	Payment Requests	46,815	41,289	40,731	-7%
	% Denied	4.7%	0.1%	0.5%	-68%
Rhode Island <sup>1</sup>	Payment Requests	64,098	63,530	86,021	16%
	% Denied	4.1%	0.1%	0.3%	-72%

CAGR Compounded Annual Growth Rate

<sup>1</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)

<b>APPENDIX C Cont. Medicaid Health Plan Measures</b>					
		<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>CAGR</b>
<b>C54. Medicaid Successful Appeals (appeal 'overturned' in favor of the member)</b>					
<b>Substance Abuse Services:</b>					
Neighborhood H. P.	<i>Appeals</i>	0	1	8	---
	<i>% Successful</i>	---	0.0%	25.0%	---
UnitedHealthcare -NE	<i>Appeals</i>	1	5	2	41%
	<i>% Successful</i>	100.0%	40.0%	0.0%	-100%
Rhode Island <sup>1</sup>	<i>Appeals</i>	1	6	10	216%
	<i>% Successful</i>	100.0%	33.3%	20.0%	-55%
<b>Mental Health Services:</b>					
Neighborhood H. P.	<i>Appeals</i>	4	3	12	73%
	<i>% Successful</i>	25.0%	66.7%	16.7%	-18%
UnitedHealthcare -NE	<i>Appeals</i>	7	28	19	65%
	<i>% Successful</i>	57.1%	46.4%	52.6%	-4%
Rhode Island <sup>1</sup>	<i>Appeals</i>	11	31	31	68%
	<i>% Successful</i>	45.5%	48.4%	9.7%	-54%
<b>All Services:</b>					
Neighborhood H. P.	<i>Appeals</i>	208	18	53	-50%
	<i>% Successful</i>	69.2%	33.3%	26.4%	-38%
UnitedHealthcare -NE	<i>Appeals</i>	40	41	24	-23%
	<i>% Successful</i>	62.5%	43.9%	50.0%	-11%
Rhode Island <sup>1</sup>	<i>Appeals</i>	248	59	77	-44%
	<i>% Successful</i>	68.1%	40.7%	33.8%	-30%

CAGR Compounded Annual Growth Rate

<sup>1</sup> Total of all Plans' values (%s total all Plan's numerators and denominators)